Deloitte Health Equity Institute

October 2021
Purpose

Outline the steps an organization can take to define their health equity strategy to drive change and impact in the communities in which they serve.
Document Overview

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Defining Health Equity

We define **health equity** as the **fair and just** opportunity for **every individual** to achieve their **full potential** in all aspects of **health and well-being**.

Differences in health-related outcomes across race, gender, age, location, disability status, and sexual orientation are the reality today.

Deloitte recognizes **three root causes** preventing the achievement of equitable health outcomes:

- Structural and systemic **racism and bias**
- Deep inequities in the non-medical **Drivers of Health**, and
- Structural flaws in the **health care system**

Achieving health equity is a moral and strategic imperative calling for business solutions.
## Process for Defining your Health Equity Strategy

This playbook is organized across three phases of defining an organization’s health equity strategy:

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### Description

- **Phase 1: Understand**
  - Understand your organization and workforce’s positioning across health equity and DEI drivers
  - Use data and insights to understand the market and society your organization serves
  - Come together as an organization to think through your biggest gaps and what you need to fix
  - Develop an executable roadmap to drive toward the vision

- **Phase 2: Define**
  - How well do key stakeholders feel the organization is positioned across key areas of DEI and Health Equity?
  - What have been some of the most impactful programs enacted on Health Equity to date?
  - What are the orthodoxies or deeply held beliefs that impede your organization from having a meaningful dialogue related to health equity?
  - What are the health disparities and drivers of health (DOH) resulting in health inequities?
  - How do the communities you serve compare to state and national averages?
  - How will we move from current state to future state and achieve our aspiration?
  - What are the 3-5 health equity priorities that will enable us to do so?

- **Phase 3: Develop**
  - What initiatives can we perform to meet our strategic priorities?
  - How do we prioritize these initiatives under our identified health equity priorities?
  - What are the tactical activities needed to complete these initiatives?
  - How do we measure success?
Phase 1
Phase 1: Understand your Organization
Understand the current state of health equity and diversity, equity, and inclusion internally, including perspectives, feelings, opinions and experiences of employees

Assess Internal DEI
• Conduct an assessment of your organizations current DEI efforts focusing on how you access talent while enabling and advancing your workforce (see Equity Activation Model in appendix)
• Utilize a human-centered approach to the assessment by understanding perspectives, feelings, opinions and experiences of employees

Understand Health Equity Influences
• Evaluate leadership and culture influences on Health Equity goals and outcomes
• Understand the current stakeholders involved in health equity and how they work together

Assess Workforce Health Equity
• Understand your workforces social, economic and environmental needs
• Identify potential levers (e.g., housing, food insecurity, income) that can lead to more equitable health for your workforce

To make an impact and demonstrate commitment, organizations should bring together both DEI (Diversity, Equity and Inclusion) and DOH (Drivers of Health) perspectives when advancing health equity internally
### Phase 1: Understand your Market

Conduct a quantitative baseline assessment of your organization’s DEI and health equity positioning through in-depth detailed market analysis using Deloitte’s Drivers of Health (DOH) framework to organize data.

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<td><strong>Phase 1</strong></td>
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#### Identify Key Markets & Data Sets
- Based on the communities the organization serves, identify markets and organization data sets to inform health equity market analysis.

#### Understand The Current Landscape
- Use data to understand the health outcomes and the prevalence of DOH factors (see DOH framework in appendix).
- Aggregate public data inputs to profile the insight markets to understand where the health disparities exist today in comparison to the state and national averages.

#### Develop And Validate Hypotheses
- Develop and validate hypotheses in relationship between health outcomes and Drivers of Health (DOH).
- Evaluate key relationships between health outcomes and DOH to establish root cause hypotheses.
- Define the business case for taking action on these hypotheses to understand how efforts will lead to positive financial, workforce, clinical, etc. implications.

#### Identify Potential Levers
- Identify potential foundational changes (people, process, technology) that lead to health equity.
- Based on qualitative and quantitative data and root cause hypotheses from phase 1, develop potential health equity levers of action (e.g., data infrastructure, reporting, interventions, training).
Phase 2
Phase 2: Define the Health Equity Vision

Engage leadership and key stakeholders across the organization to gather input to inform and shape the health equity vision for the organization.

**Engage A Cross-functional Team**
- Build a cross-functional team of leaders from across the organization to define the health equity vision
- Have representation from all functional groups within the organization to gain required input and facilitate adoption via enhanced ownership

**Define Health Equity Aspirations**
- Using the levers identified in phase 1, align with leadership on the organization’s vision related to health equity, meaning its aspirations and purpose for pursuing the work
- The aspirations should set the organization’s strategic direction and can cut across various categories (i.e. talent, partnerships, investments, internal/external policy, etc.)

**Outline Health Equity Priorities**
- Based on the aspirations, define the organization’s precise priorities related to health equity that culminate in the broader strategic narrative
- These priorities should not be stand alone but rather brought through the organization’s broader strategy
- The health equity priorities should directly tie to and support the aspirations but are intentionally limited in number

As the health equity vision is defined, it is important to share updates on the work with leaders to gain organizational alignment early, which can lead to more effective implementation.
Phase 3
Phase 3: Develop a Roadmap for the Future
Consolidate inputs from phases 1 and 2 into organization-wide priorities and tactical initiatives, which can be executed against to advance health equity across the communities that the organization serves.

Building on your health equity vision, developing a roadmap for the future with prioritized initiatives can enable the organization to take action on addressing health equity, with both short-term and long-term outcomes to drive towards.
Appendix: Frameworks
Deloitte Equity and Health Equity Frameworks

Three Deloitte frameworks can guide organizations in defining their health equity strategy

**Equity Activation Model**
- The Equity Activation Model captures Deloitte’s foundational perspective on how organizations can and should spark **DEI transformation**
- This framework can be used by any organization in **Phase 1** to understand the current state of health equity and DEI in the organization and market across three spheres of influence: Workforce, Marketplace, and Society

**Drivers Of Health Framework**
- The Drivers of Health Framework depicts the **economic, social, and environmental conditions** that impact equity in health and health care
- This framework can be used by any organization in **Phase 1** to understand the health and well-being of the organization and the markets and communities it serves

**Health Equity Domains Framework**
- The Health Equity Domains Framework is a systems-based strategy that places **health equity at the center** and expands across the organization, its offerings, its community, and its ecosystem
- The framework notes specific questions for life sciences and health care organizations to examine in **Phase 3** when creating a roadmap of actions to meaningfully advance health equity

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Deloitte’s Equity Activation Model
A systems-based view for how businesses across all industries can activate equity within and outside of their own organizations

The Equity Activation Model is a systems-based view for how businesses across all industries can activate equity within and outside of their own organizations, structured around three primary spheres of influence within the reach of every organization: Workforce, Marketplace, and Society.

Each sphere, in turn, includes multiple activators—key areas of activity and everyday choices—through which organizations can exert their influence to activate equity.

When understanding your organization and market, it is important to assess each of the spheres of influence and activators within the model.

Spheres of influence
- Society
- Marketplace
- Workforce

Denotes the activators within each sphere of influence

Enablers and organizational culture

Leadership | Governance | Resource allocation | Legal, risk, and compliance | Data and analytics | Infrastructure | Technology | Workplace
---|---|---|---|---|---|---|---

Organizational culture

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Deloitte’s Drivers of Health (DOH) Framework
There is not a single solution to health, rather an ecosystem of factors that can be influenced or altered

Examining each market across these factors, along with an understanding of clinical health outcomes, can enable a more holistic view of the drivers of health and unlock opportunities to support the organization’s health equity goals
How are we ensuring that our products and services—and even our algorithms—are addressing health equity?

A systems-based strategy for life sciences and health care organizations to meaningfully advance health equity

Health Equity Domains Framework

Organization

A purpose-driven strategy enables an inclusive culture, holistic benefit package, and equitable talent infrastructure to support and attract a diverse, empowered workforce

• 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?

Offerings

Health services advance wellness equitably by being accessible and affordable for all patients

• How are we ensuring that our products and services—and even our algorithms—are addressing health equity?

Community

Strategic investments in the DOH lead to healthier local communities, enabling a differentiated social value proposition

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

Ecosystem

Diversity, inclusion and belonging are infused in strategic partnerships, supply chain, and advocacy efforts – building a strong brand association with health equity

• 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?
<table>
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<tr>
<th>Glossary of Terms</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Bias</td>
<td>The negative evaluation of one group and its members relative to another, typically used to refer to both implicit stereotypes and prejudices(^1)</td>
</tr>
<tr>
<td>Diversity, Equity, and Inclusion (DEI)</td>
<td>The acronym DEI (for diversity, equity, and inclusion) represents the summation of activities and/or the formal function within an organization that focuses on supporting diversity, anti-oppression, inclusion, belonging, and equity aspirations and outcomes. Diversity, inclusion, and anti-racism are distinct, but related—they can each exist without the others but are mutually reinforcing(^6)</td>
</tr>
<tr>
<td>Drivers of Health</td>
<td>The social, economic, and environmental factors beyond health care that impact individual and community health, well-being, and equity. The Drivers of Health are also known as the Social Determinants of Health (SDOH)(^3)</td>
</tr>
<tr>
<td>Equity Activation Model</td>
<td>A systems-based view for how businesses across all industries can activate equity within and outside of their own organizations, structured around three primary spheres of influence within the reach of every organization: Workforce, Marketplace, and Society(^4)</td>
</tr>
<tr>
<td>Explicit Bias</td>
<td>The traditional conceptualization of bias where individuals are aware of their prejudices and attitudes toward certain groups(^5)</td>
</tr>
<tr>
<td>Health Disparity</td>
<td>Quantifiable differences in health-related outcomes across dimensions such as race, gender, age, location, disability status, and sexual orientation(^6)</td>
</tr>
<tr>
<td>Health Equity</td>
<td>The fair and just opportunity for every individual to achieve their full potential in all aspects of health and well-being(^7)</td>
</tr>
<tr>
<td>Health Equity Domains Framework</td>
<td>A systems-based strategy that places health equity at the center and expands across the organization, its offerings, its community, and its ecosystem(^8)</td>
</tr>
<tr>
<td>Implicit Bias</td>
<td>All the subconscious feelings, perceptions, attitudes, and stereotypes that have developed as a result of prior influences and imprints. It is an automatic positive or negative preference for a group, based on one’s subconscious thoughts(^9)</td>
</tr>
<tr>
<td>Racism</td>
<td>A system consisting of structures, policies, practices, and norms that assigns value and determines opportunity based on the way people look or the color of their skin(^10)</td>
</tr>
<tr>
<td>Structural Racism</td>
<td>Macro-level conditions that limit opportunities, resources, power, and well-being of individuals and populations based on race/ethnicity(^11)</td>
</tr>
<tr>
<td>Systemic Racism</td>
<td>A form of racism expressed in the practices of social and political institutions. It is reflected in disparities regarding wealth, income, employment, housing, health care, political power, education, and the criminal justice system, among other factors. Individual, interpersonal, institutional, and structural racism together form a system, referred to herein as “systemic racism” or “racism”(^12)</td>
</tr>
</tbody>
</table>
End Notes


4. Deloitte, "The equity imperative: The need for business to take bold action now."


7. Ibid.

8. Ibid.


12. Deloitte, "The equity imperative: The need for business to take bold action now."