



American  
Heart  
Association.



AN EMPLOYER RESOURCE GUIDE

# Health Equity in the Workforce

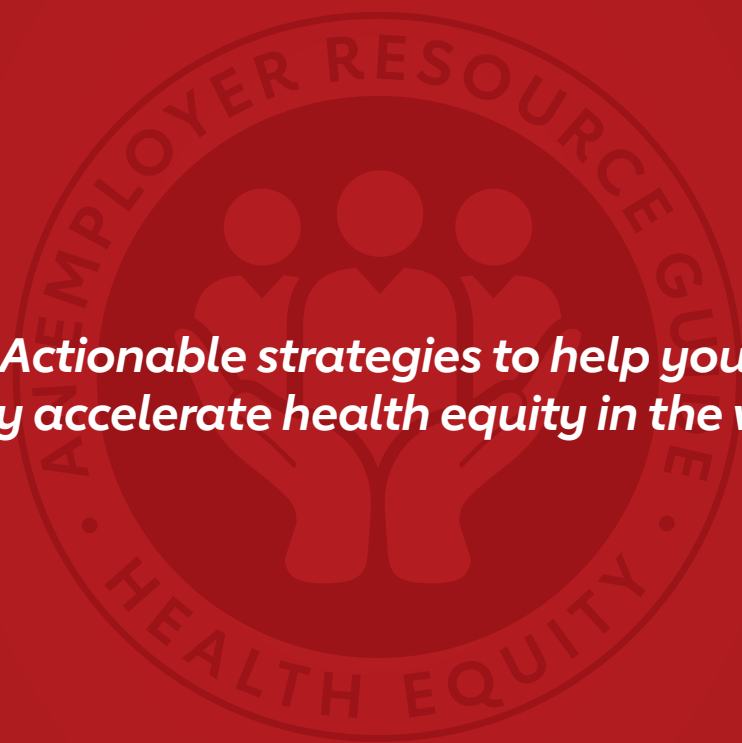
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The American Heart Association's Health Equity in the Workforce initiative, in collaboration with the Deloitte Health Equity Institute, and the SHRM Foundation, is convening employers and industry leaders to build a comprehensive roadmap that creates tools, resources, and knowledge products to improve the health and well-being of our nation's workforce.

**Deloitte.**

**SHRM**  
Foundation

***Actionable strategies to help your  
company accelerate health equity in the workforce***



## ► Acknowledgments

We are grateful to everyone below who contributed to the development of this Health Equity Employer Resource Guide.

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## ► Background

In March 2023, the American Heart Association (AHA) announced a national collaboration with the Deloitte<sup>®</sup> Health Equity Institute and SHRM Foundation called Health Equity in the Workforce. The purpose of the initiative is to combine insights from diverse business leaders and the latest science to develop guidance and tools to advance health equity in the workplace. The work includes convening employers and community organizations to drive action, providing tools like this Employer Resource Guide to equip employers with a roadmap to implement and measure the impact of health equity strategies, and recognizing organizations that champion health equity through a national recognition program. By 2025, the initiative aims to enable positive health outcomes for 10 million U.S. workers, roughly 10% of the workforce who earn less than the national median income. For more information about the initiative, visit: [heart.org/workforce](https://heart.org/workforce).

## ► Who Should Use This Guide

Whether you are new to the concept of health equity or experienced with addressing health inequities, this guide is designed to cater to all levels of expertise and need. Human Resources (HR), Benefits and Diversity, Equity and Inclusion (DEI) executives and other interested executives, can use this guide to make the business case to their leadership to promote health equity in their workplace.

## ► How To Use This Guide

The American Heart Association has recognized the increasing demand from employers for effective guidance on how to promote health equity in the workforce. In response, the AHA, in collaboration with the Deloitte<sup>®</sup> Health Equity Institute and SHRM Foundation, has developed this Employer Resource Guide, a foundational resource aimed at helping employers accelerate health equity within their workforce.

The primary objective of this guide is to raise awareness of health equity as a strategic business imperative, and to assist employers by providing practical guidance that encourages action to address health inequities. The Employer Resource Guide aids employers in integrating health equity principles into their organizational practices, such as identifying health inequities through data collection and analysis, enhancing capacity to improve health outcomes, forging community partnerships to address the social drivers of health, and measuring progress.





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The American Heart Association and our collaborators hope the information and examples in this guide will serve as a catalyst in your endeavors to reduce preventable health disparities and advance health equity in the workforce.

## Top Takeaways

1



### HEALTH EQUITY IS WHEN EVERYONE

in society has an optimal and just opportunity to attain their highest level of health. This means addressing the root causes of inequities.

2



### THE COVID-19 PANDEMIC HIGHLIGHTED

and exacerbated stark health inequities in American communities and increased the number of business leaders, policymakers and other stakeholders who wished to reduce these health inequities.

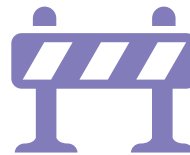
3



### ACHIEVING HEALTH EQUITY AT WORK

involves creating systems that give all employees optimal and just opportunities and resources so that they can achieve their highest level of health and well-being.

4



### SYSTEMIC BIASES OR DISCRIMINATION

in the workplace can be a major barrier to health equity that negatively impacts employee health, productivity, morale and retention.

5



### GROWING COSTS TO HEALTH INEQUITIES

are projected to cost the U.S. economy \$1 trillion annually by 2040, according to research from Deloitte<sup>1</sup>.

6



### ACHIEVING HEALTH EQUITY

in the workforce involves eliminating gaps in health and well-being outcomes across different employee sub-populations (gender, race, ethnicity, etc.).

<sup>1</sup>Please see [www.deloitte.com/about](http://www.deloitte.com/about) for a detailed description of our legal structure.

## Top Takeaways

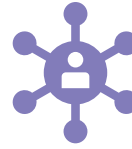


7

### **INCREASED UNDERSTANDING**

of health equity is needed, as 60% of Human Resources professionals report not understanding the term.<sup>2</sup>

8



### **SOCIAL FACTORS IN THE BROADER**

community have a significant impact on an employee's ability to be healthy, especially income. Addressing these social drivers of health is everyone's business.

9



### **EMPLOYERS CAN PROMOTE**

health equity as a business and operational strategy that leads to better employee health outcomes.

10



### **A KEY STRATEGIC APPROACH**

is to design, implement and evaluate comprehensive health and well-being policies and programs, including holistic benefits, through an equity lens.

11



### **ORGANIZATIONS CAN MEASURE**

their progress and success through consistent data collection, critical evaluation and ongoing monitoring.





## ▶ Executive Summary

In the United States, health inequities appear, and persist, in all aspects of life, including at work. Even though many workers in the U.S. have access to employer-sponsored health insurance<sup>3</sup>, recent studies<sup>4,5</sup>, including an analysis of the disparate mortality rates from COVID-19<sup>6</sup>, underscore the challenging reality of health inequities. Given that workers spend almost half of their waking hours at work<sup>7</sup>, promoting workplace **health equity** has become a cross-cutting priority for leaders, employers and communities to help ensure that everyone has an optimal and just opportunity to attain their highest level of health<sup>8</sup>.

**Everyone deserves an optimal and just opportunity to be healthy, giving special attention to the needs of those at greatest risk of poor health and no one is disadvantaged from achieving their potential because of social position or any other socially defined circumstance<sup>8</sup>.**

– American Heart Association

**Health equity in the workplace** is when all employees have the opportunity to achieve their highest level of health and well-being. There are approximately 167 million adults in the U.S. workforce<sup>9</sup>, and given that poor health leads to higher health care costs and lost productivity<sup>10</sup>, business leaders have a vested interest in promoting a culture of health equity and well-being that addresses inequity, discrimination and bias.

**HEALTH  
INEQUITIES =  
\$320 BILLION**  
in annual U.S. health  
care spending

**IF LEFT  
UNADDRESSED,**  
health inequities are  
estimated to cost the U.S.  
**\$1 TRILLION  
ANNUALLY  
BY 2040**

The cost of inaction is high. According to a recent analysis from Deloitte, health inequities account for roughly \$320 billion in annual U.S. health care spending and if left unaddressed, could cost the U.S. \$1 trillion annually by 2040<sup>1</sup>. Research also shows that workplaces that mitigate bias and discrimination can experience higher morale, productivity, loyalty and lower turnover, all of which save employers money<sup>11</sup>. However, nearly 60%, or 3 out of 5 HR professionals, report not understanding the term “healthy equity.”<sup>2</sup> Nearly 2 in 5 HR professionals report that their organization started addressing health equity within the last two years, and roughly 1 in 6 HR professionals report that their organization is not addressing health equity at all.<sup>12</sup>

There are both **moral and business arguments for promoting health equity** at work. From a moral perspective, mitigating health inequities could decrease human suffering by positively impacting quality of life and life expectancy<sup>13</sup>. Organizations should strive to improve the quality of human life if they (not we) are able to do so. From a business perspective, addressing health inequities could lead to a reduction in all types of direct and indirect costs ranging from reduced spending on health care to increased productivity and improved business performance<sup>10</sup>. See **The Business Case** section for more information.

The **role of the employer** is to create the conditions for health equity at work through the implementation of strategies, policies and practices that promote equity and, as stewards and influencers in their communities, to help drive health equity outside of work through strategic partnerships with community-based organizations and stakeholders. Achieving **health equity in the workforce** — zero gaps in health status and health outcomes across employee populations — involves collaborating with other community partners to address the social drivers of health that affect a person's ability to live a long, healthy life. These factors include aspects such as household income, education, food insecurity and access to affordable comprehensive health care benefits.

While employers are not solely responsible for these social factors, there is growing recognition that work itself is a social driver of health and that work directly shapes the condition of a person's well-being<sup>14</sup>. In a recent study, researchers found that people who experienced high levels of workplace discrimination were 54% more likely to develop first-time high blood pressure compared to employees who experienced low levels of discrimination at work<sup>15</sup>.

This employer resource guide is designed to provide leaders with a compilation of organizational strategies to help promote health equity and change inequitable workplace policies and practices that are rooted in bias and discrimination based on race, ethnicity, gender, sexual orientation age, ability, veteran status, or other factors.

*Advancing health equity is not only the right thing to do for the health of the nation, it's also a sound business decision for employers looking to support their workforce, bolster business outcomes and build trust in their communities.*



## ▶ Actionable Strategies: summary\*

For a more detailed discussion of these 19 strategies, see the *Actionable Strategies* section.

### Commit

Align organizational priorities and resources with health equity.

- Prioritize health equity as a strategic business imperative by embedding it into the mindset, strategy, operations, resources allocations, and talent.
- Design and implement comprehensive health and well-being policies and programs through an equity lens.
- Train managers in health equity and equip them with resources to implement and sustain health equity strategies.

### Attract

Enhance diversity and inclusion by recruiting and retaining professionals from diverse backgrounds.

- Take steps to minimize bias and discrimination in hiring and retention practices.
- Advocate for culturally and linguistically effective training for all employees.
- Offer paid family, medical and sick leave.

### Belong

Create an inclusive and supportive environment where employees of all backgrounds are treated with respect and have equal opportunities for success.

- Offer comprehensive and affordable health care coverage for all employees without regard to racial or ethnic backgrounds.
- Offer diversity, equity and inclusion training for all employees. **Note:** Given the shifting policy environment at the state level, we recommend that these activities are carefully reviewed in consultation with legal and HR advisors prior to implementation to assess risk as well as compliance with any applicable laws.
- Support employee financial well-being through financial education, benefits and other resources.
- Adopt anti-discrimination principles and implement anti-discrimination policies (e.g., race, gender, religion etc.).
- Promote employee health literacy and employee benefits literacy.
- Review communications for cultural appropriateness, diverse representation and accessibility.
- Offer and promote the use of employee assistance programs (EAPs).

### Foster

Implement policies and practices that support the fair and equal advancement of all employees to ensure inclusion and equitable growth.

- Include equity metrics and indicators in performance processes and evaluations.
- Ensure employees have a voice in organizational decision-making, where appropriate.
- Ensure pay equity and promote a living wage.

### Influence

Drive equity by actively incorporating principles of fairness and justice into an organization's products, services and relationships within the communities it operates.

- Look for opportunities to expand diversity of supplier pool and engage businesses owned by underrepresented owners (e.g. women-owned, Black-owned, LGBTQIA+ owned businesses).
- Strive to assemble a leadership team that is composed of people from diverse backgrounds and representatives of the workforce and community.
- Advocate for science-backed public health policies in communities through collaborations and alliances.

*\*This information does not constitute legal advice; these activities should be carefully reviewed in consultation with legal and HR advisors prior to implementation to assess risk as well as compliance with any applicable laws.*

Working towards health equity can make sense for all organizations. All organizations can be “health care” organizations in a sense if they provide health and well-being benefits to employees. Equitable policies and practices can benefit employee health and productivity, reduce health care costs for employees and employers<sup>10</sup>, and companies with ethnic and racial diversity outperform companies without ethnic and racial diversity by 30% in profitability, according to Deloitte<sup>16</sup>.

This guide is meant to provide a business case and actionable strategies to business leaders so that they can integrate health equity into business strategy and operations to address systemic sources of bias and discrimination in the workplace and attract and retain a vibrant and diverse talent pool. The health of the entire nation can improve if employers commit to take actions that eliminate inequities in the workplace.

## ► Introduction

### *What is health equity and health equity in the workplace?*

The American Heart Association defines **health equity** as everyone deserves an optimal and just opportunity to be healthy, giving special attention to the needs of those at greatest risk of poor health and no one is disadvantaged from achieving their potential because of social position or any other socially defined circumstance<sup>8</sup>.

**Health equity in the workplace is when the opportunities and resources available to employees are universally accessible and have a positive impact on the health and well-being of all employees.**

Health equity requires a commitment to diversity, equity, inclusion (DEI) and belonging, but it also extends beyond these principles. DEI efforts strive to create inclusive, equal opportunity environments for all individuals, regardless of their background or identity. Health equity involves cross-cutting organizational action to address systemic inequities, bias and discrimination to ensure all employees receive the support they need to live a healthy life.

For example, offering equitable compensation can have a positive impact on health<sup>17</sup> and offering all employees equitable training and career development opportunities can improve work satisfaction and reduce employee burnout.<sup>18</sup>

### *Why is health equity important?*

Health inequities can be detrimental to a person's emotional, psychological and physical health and place a significant economic burden on employers via increased health care costs and reduced productivity and performance.<sup>10</sup>

When these health challenges occur disproportionately in one part of the population, that creates a health inequity, which can have significant cascading effects on the overall community, workforce and system. Health inequities disproportionately affect some populations, including people from racially and ethnically diverse groups, people with disabilities, women, people who identify as LGBTQIA+, people with limited English proficiency, lower incomes, and other groups (see examples on next page).

**While it is not only the responsibility of employers to drive towards health equity in society, businesses are an essential part of any solution, especially in the workplace.**

A 2011 study provided evidence that health and health care inequities, such as persistent racial and ethnic differences in health outcomes over time, impose both direct health care costs and indirect costs such as a loss in productivity in the U.S.<sup>19</sup> Since many U.S. employers provide health care benefits to employees, these health inequities can impact the bottom line.

## HERE ARE SOME EXAMPLES OF HEALTH INEQUITIES IN THE UNITED STATES:

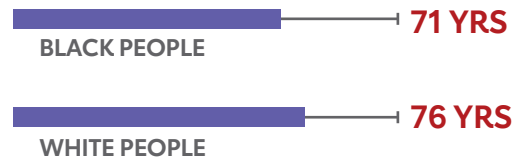
### THE ANNUAL DEATH RATE FROM CARDIOVASCULAR DISEASE IS SIGNIFICANTLY HIGHER

(age-adjusted rates per 100,000 U.S. population).<sup>20</sup>

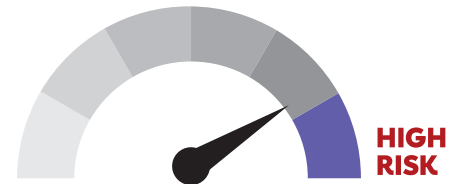
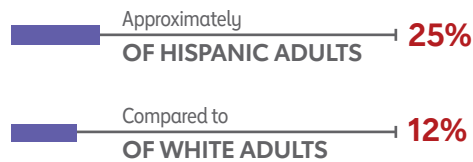


### LIFE EXPECTANCY

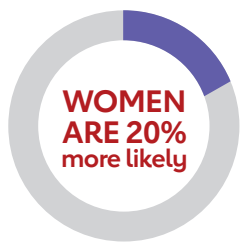
for White people is about five years longer than it is for Black people.<sup>21</sup>



### ADULTS THAT REPORT NOT RECEIVING any usual source for health care outside of the emergency room.<sup>22</sup>



**ASIAN AMERICANS ARE AT HIGHEST RISK** for developing chronic health conditions including heart disease, stroke, diabetes and cancer.<sup>23</sup>



...to **DEVELOP HEART FAILURE** or die within five years after their first severe heart attack compared to men.<sup>24</sup>



Transgender and gender diverse people experience

**HIGHER LEVELS OF HEART DISEASE AND HEART-RELATED RISK FACTORS VS** non-LGBTQ+ people.<sup>25</sup>



**2X**

People living with disabilities are **TWICE MORE LIKELY TO DEVELOP HEALTH CONDITIONS** including depression, diabetes and stroke.<sup>26</sup>

Why is health equity important? There is both a **moral and business argument for promoting health equity** at work. Achieving health equity can mitigate needless human suffering by improving quality of life and increasing life expectancy<sup>13</sup>. From a business perspective, achieving health equity can reduce direct and indirect costs in the form of reduced health care expenditures and increased worker productivity<sup>10,19</sup>. For more information on the moral and financial opportunity in pursuing health equity, see [The Business Case](#) section.

# What factors affect health equity?

While there are now many federal, state, and local initiatives to drive towards health equity,<sup>27</sup> significant disparities in health outcomes persist<sup>28</sup> as the statistics above illustrate.

These patterns endure in part because of the complex, interlaced set of factors that impact the health and well-being of people, which are called the social determinants of health or social drivers of health.

**Social drivers of health are non-medical conditions in which people live, learn, work, play and worship that affect a wide range of health risks and outcomes.**

THEY INCLUDE:

**NEIGHBORHOOD AND PHYSICAL ENVIRONMENT**  
(e.g., housing and transportation)

**ECONOMIC STABILITY**  
(e.g., employment and income)

**FOOD**  
(e.g., food insecurity and access to healthy food options)

**EDUCATION**  
(e.g., literacy and higher education)

**HEALTH CARE CONTEXT**  
(e.g., health care coverage, provider availability)



**COMMUNITY AND SOCIAL CONTEXT**  
(e.g., social support, discrimination)

These social drivers can either enable or impede a person’s ability to be healthy,<sup>29</sup> and employers can and should have a role in affecting all six. For more information on how employers can positively impact the social drivers of health of their employees and their community overall, see the section **The Role of the Employer**.

While employers are not solely responsible for these social factors, there is growing recognition that work itself is a social factor of health.<sup>30</sup> In a recent study, for example, researchers found that people who experienced high levels of workplace discrimination were 54% more likely to develop first-time high blood pressure compared to employees who experienced low levels of discrimination at work.<sup>15</sup>



## ▶ The Employer's Role

The role of the employer is to enable and support conditions that improve and uphold health equity at work and, as anchor institutions in their communities, to promote health equity through strategic collaborations and alliances with community-based organizations and stakeholders. See the section on [Actionable Strategies](#) for more information.

### Why is workplace health equity important?

As it is in many parts of the world, health inequity is a chronic issue in the U.S.<sup>31</sup> The perfect storm of the COVID-19 pandemic and the disparities in outcomes, unrest following the murder of George Floyd and other Black men and women, and an ensuing mental health crisis, has substantially magnified the need for health equity in society and the workforce.

While employers cannot control all aspects of health inequity, they can positively impact many more of them than might be assumed on the surface. Work is inextricable from the lives of many Americans, who spend a sizable portion of their time working, derive their income from work, and receive healthcare through their employer. Through intentional changes, like expanding access to health care services and other benefits and resources, employers can significantly influence the social factors of health for employees and their families, as well as surrounding communities.

**Nearly half of U.S. adults, 153 million people, receive their health care benefits through their employer and U.S. employers pay, on average, 82% of health care costs for employees and 70% of costs for families.<sup>32</sup>**

Health inequities account for roughly \$320 billion in annual U.S. health care spending, according to recent analysis from Deloitte. If left unaddressed, health inequities are estimated to cost the U.S. \$1 trillion each year by 2040<sup>1</sup>. A five-year study found that racial and mental health inequities account for \$278 billion in excess spending.<sup>33</sup>

While equity is a topic of focus within the context of diversity, equity and inclusion, some employers and employees may not yet be familiar with health equity or what it entails. Nearly 60% of human resources professionals report not understanding the term “health equity.”<sup>2</sup> Similarly, 44% of human resource professionals report that their organization only started addressing health equity within the last two years, and 15% report that their organization is not addressing health equity at all.<sup>12</sup>

### What are the obstacles to promoting health equity?

There are both individual (employee-level) and organizational (employer-level) obstacles to achieving health equity. **Table 1** highlights many of these obstacles. These factors provide the framework for designing and implementing actionable strategies that can be evaluated for effectiveness. See the section on [Measuring Progress](#) for more information on measurement and evaluation.



The table below underscores the importance of adopting a **comprehensive, ecosystems approach** to promoting health equity at work.<sup>38</sup> Providing employees with wellness tools and resources to manage their personal health is one important approach; however, it is generally insufficient to improve health outcomes. An individual-only approach fails to address workplace systems or structures that may impede individual health.<sup>39</sup> Creating a healthy work culture that supports equity is important.

**Table 1. Individual and Organizational Obstacles to Health Equity<sup>34-37</sup>**

## INDIVIDUAL OBSTACLES



### Social Factors

- Low household income
- Low educational attainment
- Low literacy
- Lack of social support
- Loneliness
- Low health literacy



### Health Behaviors

- Chronic stress
- Sedentary work
- Unhealthy nutrition
- Physical inactivity
- Tobacco use or vaping
- Inadequate sleep



### Work-Related Obstacles

- Lack of healthy producing policies and programs
- Exposure to hazardous materials
- Unequal or inadequate pay
- Limited access to health care benefits
- Discrimination and bias
- Low career advancement

## ORGANIZATIONAL OBSTACLES

- |   |   |  |
|---|---|--|
| <ul style="list-style-type: none"> <li>• Lack of awareness</li> <li>• Low strategic prioritization</li> <li>• Limited funding</li> <li>• Low staff capacity for implementation</li> </ul> | <ul style="list-style-type: none"> <li>• Privacy concerns</li> <li>• Limited access to external knowledge</li> <li>• Belief that health is solely an individual's responsibility</li> </ul> | <ul style="list-style-type: none"> <li>• Few data points to support a Return on Investment (ROI)</li> <li>• Unhealthy work policies</li> <li>• Toxic workplace climate</li> <li>• Bias and discrimination</li> </ul> |
|---|---|--|

## ▶ The Business Case

### Why should businesses invest in health equity?

#### ABSENTEEISM IN THE WORKPLACE

can annually  
cost U.S. employers

**\$3,600**

per hourly employee

**\$2,650**

per salaried employee

Previous studies have shown that a healthy workforce reduces absenteeism, presenteeism, health care costs, and improves productivity.<sup>10,40</sup> Absenteeism in the workplace can cost U.S. employers \$3,600 per hourly employee and \$2,650 per salaried employee annually.<sup>41</sup> While the exact costs of workplace presenteeism have not been fully determined, research suggests that the cost of presenteeism is approximately 10x the cost of absenteeism.<sup>42</sup> Each year, employers lose approximately four workdays to absenteeism and 58 workdays to presenteeism.<sup>43</sup>

Racism, sexism, homophobia, and other forms of bias and discrimination in the workforce can also have economic costs. Approximately 33% of Black employees, 26% of Asian employees, and 21% of Hispanic Latino employees report unfair treatments at their place of work due to their race or ethnicity.<sup>44</sup> Discrimination at work can lead to chronic stress, which is a risk factor for chronic conditions such as high blood pressure.<sup>45</sup> Racism has cost the U.S. economy \$16 trillion in lost opportunity costs over the past 20 years.<sup>46</sup> Table 2 highlights some of the costs of inequities in health and discrimination for U.S. businesses.

**Table 2. Select Economic Costs of Health Disparities**

HEALTH-RELATED FACTORS	DIRECT AND INDIRECT COSTS
<p><b>Poor Mental Health</b> U.S. adult prevalence rate: Roughly 20%<sup>47</sup></p>	<p>\$340 loss per day per full-time employee<sup>48</sup> \$170 loss per day per part-time employee<sup>48</sup> \$48 billion annual cost to U.S. economy<sup>48</sup></p>
<p><b>High Blood Pressure</b> U.S. adult prevalence rate: Almost 50%<sup>49</sup></p>	<p>\$1,920 in excess cost per employee<sup>50</sup> \$131 billion direct costs (health care)<sup>50</sup> \$52.1 billion indirect costs (lost productivity)<sup>50w</sup></p>
<p><b>Racial Discrimination</b> Percentage of Black U.S. workers reporting racial discrimination in a national survey: 42%<sup>51</sup></p>	<p>\$172 billion lost in turnover costs (2015-2020)<sup>52</sup> \$16 trillion in lost productivity cost (2000-2020)<sup>46</sup></p>

Closing health equity gaps can yield tremendous benefits for employers and the U.S. economy. An analysis from the W.K. Kellogg Foundation estimates an \$8 trillion gain in GDP (Gross Domestic Product) over the next three decades if health disparities are addressed across various domains of health.<sup>53</sup>

## How can I measure the ROI on health equity strategies?

The statistics highlight the potentially avoidable expense (in dollars and disease burden) of health inequities and the benefits to U.S. businesses to promote health equity at work.

One of the leading concerns with implementing health equity initiatives in the workforce is the ROI and return on engagement within organizations.<sup>54</sup> Health equity initiatives may take years to display sustainable, long-term success financially. Therefore, employers looking to expand their health equity initiatives should look toward long-term strategies that include incremental measurements. Achieving health equity requires a commitment to continuous, consistent progress. New recommendations on measuring health equity success suggest expanding measurement time frames to three to five years, considering indirect benefits, and weighing the impact an organization can have locally, regionally and nationally.<sup>54</sup> This is a similar time horizon that has been suggested for evaluating ROI in workplace health and wellness programs.<sup>55</sup> See the section on [Measuring Progress](#) for more information on metrics and evaluation.

**Employers can differentiate themselves from competitors and other industries by promoting and upholding a culture of well-being and health equity.**

Fundamentally, health inequities result in increased costs for employers.<sup>19</sup> Employers can differentiate themselves from competitors and other industries by promoting and upholding a culture of well-being and health equity. A large component of creating that culture revolves around the attraction and retention of talented employees. Aside from compensation and benefits, employees in a hybrid work environment may seek flexible work arrangements and more work-life balance, preferring employers who value their physical and emotional well-being.<sup>56</sup> A 2019 study suggests that organizations that comprehensively promote well-being and foster the health and safety of employees through policies, programs and benefits outperform the Standard and Poor's 500.<sup>57</sup>





## ▶ Actionable Strategies

Employers have the greatest influence over their internal business strategy and operations (programs, policies and environments) and are therefore in a strong position to create a culture of health and well-being that is built on the foundation of equity to help ensure equitable health outcomes for all employees. At the heart of this effort is putting systems in place that seek to eliminate any bias and discrimination in the employment system throughout an employee's journey.

At the same time, employers can also play a vital civic role in their communities and help to strengthen the social factors that shape health through collaborations with community-based organizations and strategic investments that are aligned with corporate social responsibility.

This section provides an initial, curated list of evidence-informed internal and external strategies for employers to consider as they seek to advance health equity.<sup>34, 58, 59</sup>

**Note:** This information does not constitute legal advice; these activities should be carefully reviewed in consultation with legal and HR advisors prior to implementation to assess risk as well as compliance with any applicable laws.



### COMMIT:

Align organizational priorities and resources with health equity.

1

*Prioritize health equity as a strategic business imperative by embedding it into the mindset, strategy, operations, resource allocations, and talent.*

#### STRATEGY

Knowledge and awareness of health equity in the workplace is currently low.<sup>2</sup> Low awareness of health equity is a cited obstacle to advancing health equity in the workplace.<sup>34-37</sup> Organizations can help advance health equity by formally prioritizing health equity as a strategic goal and a measured outcome.

#### IMPLEMENTATION

- Develop a health equity plan and integrate it into your organization's overall health and well-being plan.
- Dedicate paid staff time for health equity activities. For example, appoint a Chief Equity Officer role or assign responsibility for achieving health equity goals to an existing staff role (e.g., Chief Human Resources Officer). Where health equity "sits" in the organization may depend on the size and industry sector.
- Hire health equity managers to implement and sustain health equity strategies.
- Provide dedicated funding to support health equity implementation. For example, dedicate a protected budget to a health equity portfolio.
- Define and measure health equity outcomes annually.
- Report health equity progress to the organization's leadership and Board (where applicable).

## 2

### *Design and implement comprehensive and affordable health and well-being programs through an equity lens.*

#### STRATEGY

Comprehensive health and well-being policies and programs address a range of risk factors and the social drivers of health. These types of programs have been associated with positive employee and organizational outcomes;<sup>55</sup> however, a 2017 U.S. national survey showed that only 1 in 5 employers implemented comprehensive policies and programs.<sup>60</sup>

Comprehensive policies and programs address a full range of risk factors, including social drivers of health. A comprehensive approach to promoting mental health, for example, should ideally include the following elements.

- **Leadership support and culture:** Leaders discuss mental health and model positive mental health behaviors (including supporting paid time off and no-technology use after hours, for example).
- **Written policies:** Employers document their organization's approach to mental health support in a written document that is included in the Employee Handbook.
- **Comprehensive benefits:** Employers provide mental health benefits and ensure mental health parity.
- **Mental health services:** Employers provide and promote the use of an Employee Assistance Program (EAP) in addition to health insurance-related mental health services.
- **Mental health prevention and disease management programs:** Employers provide access to mental health prevention (e.g., digital apps for stress management) and treatment programs (e.g., telehealth access for behavioral health issues).
- **Communications:** HR leaders communicate regularly to raise awareness of mental health benefits.
- **Engagement:** Employers make benefits available to family members.
- **Measurement and reporting outcomes:** Employers receive a variety of employee mental health data from vendors and other sources to track and improve service utilization, including health equity considerations.
- **Burnout prevention:** For example, include an assessment of an employee's workload into the quarterly or annual performance review process to prevent overwork.

According to the CDC 2017 national survey, 15% of employers provided mental health disease management programs, ranging from 11% (small employers; 10-24 employees) to 67% (large employers, 500 or more employees).<sup>60</sup>

#### IMPLEMENTATION

- Design policies and programs that science and expert consensus show are effective at improving employee health and well-being.
- Use validated health and well-being scorecards or evaluation tools to measure your culture of health and well-being and identify areas for improvement.
- Use scorecards that include health equity as a domain to evaluate progress in advancing health equity in the workplace.

#### BRIEF EXAMPLE

### ***"We value our employees' mental health and psychological safety."***

— *University of California, Irvine*

*We value our employees' mental health and psychological safety at UCI and UCI Health. To support this, we have implemented the Life Resources Program (LRP), which offers our employees and their families a wide range of resources to help navigate life's unexpected challenges at work and at home. We have also introduced REACH, a comprehensive mental health resources program centralized for easy access. To raise awareness and normalize mental health conversations, we offer multiple training options, including certification in Mental Health First Aid (MHFA). So far, we have trained more than 1,000 employees in MHFA.*

— *University of California, Irvine*

### 3

*Train managers in health equity and equip them with resources to implement and sustain health equity strategies.*

#### STRATEGY

Current diversity, equity and inclusion training generally does not focus on health equity as a cross-cutting organizational activity, although some government health departments and health care systems do offer specific training in health equity.<sup>61, 62</sup>

#### IMPLEMENTATION

- Train all employees in health equity at least once per year.
- Make health equity training voluntary and support with positive framing.
- Work with a credible vendor to make training available online through the organization's learning management system.
- Supplement online training with learning and educational resources, e.g., a primer on social drivers of health and how an employer is working to address these factors.



## ATTRACT:

Enhance diversity and inclusion by recruiting and retaining professionals from diverse backgrounds.

### 4

*Take steps to minimize bias and discrimination in hiring and retention practices.*

#### STRATEGY

Deliberate, equitable hiring practices can contribute to a diverse and inclusive staff that reflect their communities and clients. Inclusivity can be achieved through intentional sourcing via broad community networks and outreach to ensure that historically excluded groups are represented in the recruitment process. Creating a diverse and inclusive workforce can help attract and retain talent.<sup>63</sup>

#### IMPLEMENTATION

- Establish goals for hiring to help ensure that your workforce is representative of the community.
- Adapt recruitment and hiring processes to help mitigate bias, e.g., blind resumes, using different recruitment networks, etc.
- Collaborate with local community organizations to source talent.
- Craft job descriptions that emphasize skills and competencies and life experiences, not just formal education requirements.
- Train hiring personnel to mitigate unconscious bias in recruiting.
- Benchmark against external hiring standards.
- Leverage employee resource groups to improve the hiring process and employee experience.
- Recruit in universities that serve students from historically underrepresented race and ethnicity groups.

#### BRIEF EXAMPLE

***“We promote fairness in our hiring and retention procedures and strive to foster a culture of inclusivity and belonging to achieve this goal.”***

— Premier Health

*At Premier Health, we promote fairness in our hiring and retention procedures. We strive to foster a culture of inclusivity and belonging to achieve this goal. Our latest innovation is an AI-based talent platform that eliminates implicit bias and focuses on qualifications and expertise. This platform has proven particularly effective in recruiting diverse candidates. We also encourage employee resource groups, where volunteers can support events and community campaigns with individuals with similar identities and interests. These groups are designed to have two executive sponsors and members from various departments and roles to represent the Premier Health population adequately. They serve as consultants for companywide initiatives, such as addressing social determinants of health from an employer's perspective, to improve the employee experience.*

— Premier Health

## 5

### *Advocate for culturally and linguistically effective training for all employees, providers and vendors.*

#### STRATEGY

Health care providers are increasingly aware of the cultural and linguistic diversity of the general population. It is increasingly common to encounter educational programs aimed at promoting cultural competence as a means of decreasing health disparities and improving overall quality of care.<sup>64</sup> While culturally and linguistically effective training in health care systems is the most salient example, employers in all industries can implement versions of this training to promote diversity, equity and inclusion.

#### IMPLEMENTATION

- Provide education to employees on cultural effectiveness and humility, including an assessment of one's own values and biases.
- Create resources in different languages that meet the needs of your employees and promote respect for and acceptance of various cultural beliefs.
- Use interpreters.

## 6

### *Offer paid family, medical, and sick leave.*

#### STRATEGY

The U.S. is 1 of the 35 Organization for Economic Cooperation and Development (OECD) countries that does not offer paid leave to new mothers, and 1 of the 8 OECD countries that do not provide paid leave to fathers. In the U.S., there is currently no federal requirement to offer paid sick leave. Robust leave policies provide employees with adequate time off to meet their need for rest and manage personal priorities and can help create a competitive advantage to attract and retain the best talent, as well as advance health equity. For example, access to paid family leave can have positive impacts on health outcomes such as reductions in low-birth weight, early-term babies and infant mortality; reductions in parental stress; and improvements in the longer-term emotional health of children.<sup>65</sup> Studies also indicate that paid sick leave is associated with improved job satisfaction, and lower turnover.<sup>66</sup>

#### IMPLEMENTATION

- Provide adequate paid time off to cover personal time, vacations, and sickness for themselves and family members.
- Provide access to robust paid family leave for men and women.
- Do not base the amount of provided leave on work tenure. Consider providing the same amount of leave (days or hours) across all levels of your organization.
- Ensure adherence to relevant regulations that require employers to provide job-protected, paid caregiver leave.



## **BELONG:**

Create an inclusive and supportive environment where employees of all backgrounds are treated with respect and have equal opportunities for success.

## 7

### *Offer comprehensive, understandable, and affordable health care coverage for all employees including mental health.*



## STRATEGY

Health insurance benefits cover a range of important offerings that can influence employees' and their family members ability to live long, healthy lives, including access to treatment, disease management, mental health services and well-being programs. Health care costs have generally shifted over time from employers to employees through rising premiums, deductibles and cost-sharing.<sup>67</sup> A Commonwealth Fund study found that in the first half of 2020, a quarter of adults mostly lower income in employer-sponsored plans were underinsured, largely due to increasingly inadequate employer coverage.<sup>67</sup> Data show that Hispanic (30%) and Black (15%) people are significantly more likely to be underinsured than White (11%) people in the U.S.<sup>68</sup>

## IMPLEMENTATION

- Endeavor to make all aspects of health care coverage reasonably affordable to all employees, especially lower income employees. For example, consider the feasibility of varying premiums, deductibles, co-payments and out-of-pocket maximums on a sliding scale based on income.
- Assess adequate provider networks with carriers and Third Party Administrators (TPAs) to help ensure equitable access (beyond the limited definition of adequacy typically set by states and employers).<sup>69</sup>
- Ensure that employees have access to a network of providers representative of the employee population and their needs (e.g., LGBTQIA+ providers).
- Ensure parity between coverage for physical and mental health as required by the Mental Health Parity and Addiction Equity Act.
- Regularly evaluate coverage to help ensure it is meeting the needs of employees regarding affordability and benefits.

## BRIEF EXAMPLE

***“We have placed on-site health centers in or near high-need areas, which has led to an increase in preventive care, closing gaps in care for those with chronic diseases and a successful anti-obesity campaign.”***

— Metro Nashville Public Schools

*Metro Nashville Public Schools now understand how home and work environments affect individuals' health through the integration of HR data into its data warehouse. We know that half of our teachers live in areas of high need, with underrepresented racial and ethnic groups having a 30% higher chance of residing in these areas. This has resulted in higher health care costs for our Black employees due to high rates of obesity and related health issues. However, MNPS has addressed this issue by placing on-site health centers in or near these high-need areas. This has led to an increase in preventive care, closing gaps in care for those with chronic diseases, and a successful anti-obesity campaign to reduce the impact of obesity.*

— Metro Nashville Public Schools

***“Employee well-being is prioritized through a comprehensive program where accomplishments and milestones are celebrated, and resources are provided for employees.”***

— Southeast Service Cooperative

*At Southeast Service Cooperative, employee well-being is prioritized through a comprehensive program that includes challenges, group activities, healthy meals and volunteer opportunities. Accomplishments and milestones are celebrated, and resources are provided for employees to maintain their well-being. A wellness center and healthy snacks are available on site for staff members.*

— Southeast Service Cooperative

## 8

### *Offer diversity, equity and inclusion (DEI) training to all employees.*

#### STRATEGY

Effective DEI training seeks to help employees understand the value of lifting up the voices and perspectives of people with diverse backgrounds, as well as fostering organizational values such as respect, equity, tolerance, acceptance, sensitivity and belonging. Research by Harvard Business Review suggests that diversity training is more successful when it is voluntary and positively framed rather than mandatory and remedially framed.<sup>70</sup>

#### IMPLEMENTATION

- Offer DEI training as voluntary and frame the content in a positive manner by emphasizing the economic and social benefits of increased diversity, equity, and inclusion in the workplace.<sup>70, 71</sup>
- Ensure that DEI training is supported by the necessary policies, programs, practices and resources to promote employee learning.
- Deliver allyship training to employees and leaders to help them advocate for others.
- Offer skills development and training opportunities for all employee groups.
- Complement diversity training with mentoring and sponsorship programs to support and help accelerate employee development for the current and next generation of diverse talent.
- Be thoughtful when helping employees understand the true value of DEI.

## 9

### *Support employee financial well-being through education, benefits and other resources.*

#### STRATEGY

Wealth is unevenly distributed in the U.S. The Federal Reserve found that White families have eight times the wealth of Black families, and five times the wealth of Hispanic families.<sup>72</sup> This is in part due to the legacy of racist practices such as redlining, a New Deal-era government backed policy that resulted in residential segregation by making it difficult for people who were not White to buy homes. Redlining was outlawed in 1968, but the financial inequities and residential segregation it caused remain to this day.<sup>73</sup> The U.S. has among the largest income-based health disparities in the world: Poor adults are five times as likely as those with incomes above 400 percent of the federal poverty level to report being in poor or fair health.<sup>74</sup> Apart from the generational racial wealth gaps, generally, few people in the U.S. have access to emergency savings even when the job market is strong.<sup>75</sup> Poor financial well-being can affect an employee's ability to pay for health insurance, out of pocket expenses, deductibles, and limit the ability to engage in health enhancing behaviors such as leisure-time physical activity or buying healthy foods. Poor financial health is associated with poor psychological well-being.<sup>76</sup> By providing supportive programs and benefits, employers can help ensure equitable opportunity for employees to manage their finances, save money and build wealth to ensure financial stability.

#### IMPLEMENTATION

- Evaluate pay/salary bands for equity.
- Assess disparities that may exist in the ability of employees access financial well-being programs.
- Survey employees to understand the state of financial well-being of the workforce (for example, their ability to cover an emergency expense).
- Offer financial coaching and training support.
- Implement emergency funding programs.
- Consider partnering with local credit unions to provide employees with access to low-interest loans.
- Consider retirement plans with an opt-out design and scaled employer matching based on income.
- Provide upfront tuition assistance, rather than tuition reimbursement.
- Analyze employee utilization data by different population groups and segments to understand who is using financial benefits and who is not to develop incentive strategies to increase the use of this benefit among low-income employees.



## BRIEF EXAMPLE

***“We prioritize our employees’ financial well-being by offering a range of benefits and services.”***

— Packard Culligan Water

Packard Culligan Water prioritizes its employees’ financial well-being by offering a range of benefits and services. The company provides a well-being portal for economic habit-building challenges and free financial coaching through a partnership with the Christensen Group. Additionally, the company offers annual tuition scholarships for employees’ children and strives to make its benefit package accessible and affordable to all.

— Packard Culligan Water

***“Supporting employee financial well-being through financial education, benefits, and other resources.”***

— LVE Partners (LVE franchises more than 200 Taco Bell and KFC restaurants in five states.)

In 2023, we reviewed the demographics of our retirement plan participation and spotted a cohort of employees that were under savers — our store managers. As leaders in their stores, they serve as role models and mentors to a diverse population of team members. We implemented a targeted and personalized strategy to educate store managers about the benefits of long-term saving. Though employees save and accumulate assets differently, we felt that if we could focus on specific concepts such as compound growth, company match and the ease of enrollment with one-on-one support, we could help them take advantage of the opportunities offered by our plan. By viewing our plan data differently and matching our communication to the audience, we increased participation in our 401(k) by more than 30%.

— LVE Partners (LVE franchises more than 200 Taco Bell and KFC restaurants in five states.)

10

**Adopt anti-discrimination principles and implement anti-discrimination policies.**

## STRATEGY

Across the country, racially and ethnically diverse populations experience higher rates of poor health and disease in a range of health conditions, including diabetes, hypertension, obesity, asthma and heart disease, when compared to their White counterparts.<sup>77</sup> A growing body of research shows the link between racism (and discrimination) and poor health outcomes.<sup>78</sup> Business leaders can support health equity by combating discrimination and promoting equity, including racial equity, at work.

## IMPLEMENTATION

- Provide a transparent, confidential feedback/reporting system that helps to ensure non-retaliation.
- Proactively conduct a workplace culture or climate survey that includes equity questions to understand employee attitudes and experiences and address concerns.
- Implement non-discrimination and harassment training to help foster a culture of diversity, inclusion and respect for others.
- Create and support employee resource groups.
- Establish mentorship, sponsorship and leadership development programs.
- Externally, invest in local community development in historically marginalized neighborhoods.

## 11

### *Promote employee health literacy and employee benefits literacy.*

#### STRATEGY

Health literacy is the degree to which a person can obtain, process, understand and communicate health information to make appropriate health decisions.<sup>79</sup> According to UnitedHealthcare's Consumer Sentiment Survey, only 9% of the U.S. population understand four basic health insurance terms — health plan premium, co-payment, out-of-pocket maximum and deductible.<sup>80</sup> Low health literacy is also consistently associated with more hospitalization.<sup>81</sup>

#### IMPLEMENTATION

- Provide health literacy education programs.
- Provide health insurance literacy programs.
- Communicate about benefits year-round, not just during open enrollment periods.
- Provide access to benefits experts (such as health advocates) who can answer health-related questions as well as questions that might be uncomfortable for employees to ask your organization's HR representative.
- Provide information about financial well-being and health insurance benefits at appropriate literacy and health literacy levels.

## 12

### *Review organizational communications for cultural and linguistic appropriateness, diverse representation and accessibility.*

#### STRATEGY

The U.S. population is increasingly racially and ethnically diverse.<sup>82</sup> Consequently, there is a unique opportunity for business leaders to help ensure that corporate communications are representative of and respectful to employees, families, friends, colleagues and neighbors. Communications are not only about what is said. It is also about what people see, hear and how they are represented in the stories people tell. Inclusive, diverse and appropriate communications can also foster a greater sense of belonging among employees. Finally, clear and inclusive communications can help build trust and advance health equity.

#### IMPLEMENTATION

- Use an inclusive lens when developing communications. Make sure the visuals represent your entire workforce and community.
- Avoid pictures and videos that reinforce stereotypes based on race, ethnicity, gender, sexual orientation, age, ability, veteran status, and other factors.
- Design simple and concise communications to increase the likelihood that people will read and understand your message.
- Where possible, engage employee resource groups to help develop strategy, content and oversight.
- Consider communications in languages other than English to better some employees and their families.

#### BRIEF EXAMPLE

***“We aim to create an inclusive community that promotes personal and professional growth.”***

*— Kaiser Permanente*

*At Kaiser Permanente, we take pride in the incredible work of our Business Resource Groups (BRG's). The BRG's of Kaiser Permanente are an essential part of our organization, promoting our mission and values. One example is the Women Empowered @ Kaiser Permanente BRG (WE@KP), whose focus is to promote the personal health, wellness, education, and development of women/cis women. WE@KP aims to create an inclusive and welcoming community where personal and professional growth can thrive. The WE@KP BRG contributes positively to the organization by sharing opportunities for career advancement, personal growth, and self-health promotion. WE@KP is focused on elevating the lives of women/cis women to make a lasting impact for the betterment of our communities at large.*

*— Kaiser Permanente*

13

*Offer and promote the use of employee assistance programs (EAPs).*

**STRATEGY**

An effective Employee Assistance Program can help address unique and often traumatic experiences endured because of race, ethnicity, gender, sexual orientation, age, ability, veteran status, and other factors. An effective EAP can help triage mental health concerns in the workplace and should be available to all employees (regardless of whether they are enrolled in the company's health insurance plan).

**IMPLEMENTATION**

- Simplify access to services.
- Ideally, segment your employee population and use targeted messaging based on key sub-population categories such as gender, race-ethnicity and LGBTQIA+ identities.
- Continuous quality improvement: leverage insights from employee engagement surveys to improve EAP offerings to meet the stated needs of employees.
- Assess the diversity of your EAP's providers or other mental health providers.
- Offer services in languages other than English.

**BRIEF EXAMPLE**

***"We provide eight free visits to the Employee Assistance Program for all employees annually as well as for their household members."***

*— Safran Landing Systems Kentucky*

*Safran Landing Systems Kentucky provides eight free visits to the Employee Assistance Program for all employees annually. Additionally, an employee's household members are entitled to the same benefit. Safran Group conducts an annual EVREST survey among employees to gather feedback on the psychosocial status of their workforce, demonstrating their concern for their employees' well-being.*

*— Safran Landing Systems Kentucky*



**FOSTER:**

**Implement policies and practices that support equal opportunities and the fair and equal advancement of all employees to help support inclusion and equitable growth with respect and have equal opportunities for success.**

14

*Support employee financial well-being through education, benefits and other resources.*

**STRATEGY**

All employees should be evaluated fairly and equitably using a standardized approach to minimize bias and discrimination. Equitable evaluation can lead to equitable compensation, which is a key element in advancing health equity.

**IMPLEMENTATION**

- Conduct regular employee financial well-being audits based on gender, race, ethnicity, sexual orientation, accent and other categories to understand what inequities may exist.
- Use mentoring to support the professional and personal development of individuals from underrepresented groups to help foster advancement.

## BRIEF EXAMPLE

***“We prioritize professional development and value equity and inclusion.”***

— Southeast Service Cooperative

At Southeast Service Cooperative, we prioritize professional development. We offer training and conferences upon request, and our team members meet twice a year with leadership to discuss their career paths and aspirations. We also value equity and inclusion, offering learning sessions and book studies, and support our staff further through financial well-being support and a 3% match to 403b accounts.

— Southeast Service Cooperative

***“We help our leaders increase their potential, recognize hard work and innovation, and assist employees in areas needing improvement.”***

— Safran Landing Systems Kentucky

Safran Landing Systems Kentucky provides an internship program that supports job and education development. Additionally, the leadership team at SLS-KY participates in an annual career management program to evaluate employees in leadership positions. It helps these leaders increase their potential, recognize hard work and innovation, and assist employees in areas needing improvement.

— Safran Landing Systems Kentucky

15

***Ensure employees have a voice in organizational decision-making where appropriate.***

## STRATEGY

Employee participation in decision-making where appropriate can be a contributor to organizational performance and employee satisfaction. Active and meaningful employee engagement can help organizations achieve their mission, execute strategies and generate business results. It is important that management intentionally listens, considers and responds to feedback.



## IMPLEMENTATION

- Develop mechanisms that help enable employee input in decision-making.
- Recognize and reward inclusion and participation.
- Involve employee resource groups in relevant organizational decision-making processes.
- Contract with an external party that can confidentially and competently evaluate employee feedback.

## BRIEF EXAMPLE

***“We strongly encourage regular check-ins between employees and managers to promote effective communication and flexibility.”***

— American Heart Association

*At the American Heart Association, we strongly encourage regular check-ins between employees and managers to promote effective communication and flexibility. They allow space for feedback on what is working well and what needs improvement as well as encourage innovative approaches to completing tasks. These check-ins enable managers to track goals, offer coaching and support employee growth. The AHA also conducts a confidential employee engagement survey through a third-party vendor, allowing employees to provide honest and open feedback about their experiences with the organization. Based on the results, the AHA creates an action plan to address areas for improvement identified by employees. Each business unit and department also **establishes its own improvement plans, engaging with employees to identify actionable items** and implementing them as appropriate.*

— American Heart Association

***“Based on employee requests and feedback, we introduced an annual on-site 5K and formed an employee engagement committee.”***

— Safran Landing Systems Kentucky

*After acquiring a new division of employees, SLS-KY extended the Gym Membership Reimbursement program to include its Kentucky workforce. Additionally, in response to employee requests, SLS-KY introduced an annual on-site 5K walk and run in 2022. The newly formed Walton Engagement committee, led by employees, **organizes monthly events at SLS-KY based on employee feedback.***

— Safran Landing Systems Kentucky

## 16

### *Ensure pay equity and provide a living wage.*

## STRATEGY

Pay equity is equitable compensation for similar work based on job duties and not extraneous factors (earnings history, negotiation skills, etc.).<sup>83</sup> Pay inequities have been well-documented for women compared to men.<sup>84</sup> While pay inequities may affect all ranks and positions, a living wage pertains primarily to those who are the least paid in an organization. It refers to sufficient income for basic living expenses, including housing, food, transportation and discretionary spending.<sup>85</sup> In contrast to the federal minimum wage, which has been unchanged at \$7.25 an hour since 2009,<sup>86</sup> a living wage is variable and considers the local cost of living. To review living wages across counties in the U.S., visit the [MIT Living Wage Calculator \(mit.edu\)](https://livingwage.mit.edu/).<sup>87</sup>

## IMPLEMENTATION

- Adopt formal written policies that commit the organization to ensuring pay equity and providing a living wage.
- Proactively conduct regular pay equity audits to help ensure that sources of inequity are identified early and promptly corrected.
- Regularly evaluate and adjust wages as necessary to ensure all employees are paid at least a living wage.



## BRIEF EXAMPLE

***“Our commitment to pay equity and transparency shows our dedication to employee well-being.”***

*— Southeast Service Cooperative*

*In Minnesota, public employers must check for gender inequality in employee pay every three years. In 2020, Southeast Service Cooperative hired Gallagher to evaluate job compensation using the Decision Band Method and ensure internal equity. The leadership team approved updated ratings, a new salary structure and special adjustments for staff at a lower pay range. SSC also **has third-party reviews for fair classification and provides staff training on compensation.** This commitment to pay equity and transparency shows SSC’s dedication to employee well-being.*

*— Southeast Service Cooperative*



## INFLUENCE:

Drive equity by actively incorporating principles of fairness and justice into an organization’s products, services, and relationships within the communities it operates.

17

*Review contracts to maximize hiring of underrepresented businesses and groups and help ensure supplier commitment to equity and equitable practices.*

## STRATEGY

Diversifying a company’s supplier base and improving supply chain access to historically underrepresented businesses can quickly support more equitable economic development in your local community.<sup>88</sup> Investment provides revenue opportunities for businesses owned by people from underrepresented groups, (e.g., women-owned, Black-owned, LGBTQIA+ owned businesses), which in turn can bring benefits back to their respective communities in the form of job and wealth creation.

## IMPLEMENTATION

- Review procurement process overall including supplier diversity to ensure equal opportunity and spending are aligned with industry best practices.
- Set clear goals to improve access for suppliers from historically underrepresented communities.
- Evaluate diverse suppliers for their alignment with DEI principles and values in addition to the standard criteria such as pricing, quality, legal, and other considerations.

18

*Strive to assemble a leadership team that is composed of people from diverse backgrounds and representative of the workforce and community.*

## STRATEGY

According to the Stanford Corporate Governance Research Initiative, 84% of Fortune 100 CEOs in 2020 were White persons, and 93% were Men.<sup>89</sup> The rates of overrepresentation by this group are similar in other executive and senior leadership positions, such as Chief Financial Officer and Chief Human Resource Officer. Having leadership that is equitably composed of people from diverse backgrounds and representative of the workforce and community can be important to meeting an organization’s equity goals. Diverse leadership can allow the voice of all employees including those from populations that have been historically underrepresented to be heard, respected, and reflected in decision making.

## IMPLEMENTATION

- Assess your leadership for gaps in representation.
- Set goals for the representation of leadership by population group.
- Build a pipeline of diverse candidates.
- Remove bias from talent acquisition processes that focus on eliminating opportunities for bias.
- Create a CEO Diversity Taskforce to track leadership diversity and create organizational accountability.
- Recruit from inside and outside to increase diversity.

## STRATEGY

Employers may have important standing and influence in their communities. To effectively address the upstream drivers of health, businesses may choose to advocate for evidence-based public health policies and other public policies through partnerships and strategic alliances to bolster the health equity components of public policy.

## IMPLEMENTATION

- Examples of evidence-based public health policies include:
  - o Comprehensive health insurance coverage for all<sup>90</sup>
  - o Affordable housing<sup>91</sup>
  - o Early quality care and education for children<sup>92</sup>
  - o Culturally and linguistically appropriate services in the health system<sup>93</sup>
  - o Increased support for public health infrastructure<sup>94</sup>
  - o Living wage policies for all employees, especially part-time and contract workers<sup>95</sup>

## BRIEF EXAMPLE

***“We and our partners are committed to positively impacting our community.”***

— LCMC Health

*The creation of public health policies is influenced by various social, cultural and economic factors in our communities. LCMC Health believes in working collectively to bring about systemic changes. We collaborate with partners, maintain advocacy and forge strategic alliances based on evidence-based public health policies to achieve this. This approach enables LCMC Health to improve the quality of services provided to the community, which will help reduce health disparities and promote health equity. LCMC Health and its partners are committed to positively impacting our community. LCMC Health’s partnership with other organizations aligns with the National Standards for Culturally and Linguistically Appropriate Services in Health Care and the Joint Commission Hospital Accreditation Standards.*

— LCMC Health



## ► Measuring Progress

*As the 19th Century British mathematician Lord Kelvin said:  
“If you cannot measure it, you cannot improve it.”*

Addressing health inequities can be managed much like other business initiatives, with a budget and anticipated goals and a measurement approach that provides ongoing assessment as to whether the initiative is achieving desired outcomes.

The path to achieving health equity in the workforce is one with the end in mind, which is a time when there are zero gaps in health care and health outcomes for employees irrespective of their gender, race, ethnicity, age, sexual orientation, health literacy level, income level or other attributes. Organizations can take tangible steps to achieving this worthy goal by understanding their current status, implementing health equity initiatives and measuring their progress in a thoughtful and systematic way.

### *Assessing Your Organization’s Health Equity Journey*

*If health equity is a journey, where on the path is your organization today?*

The journey framework below is adapted from the World Economic Forum’s Global Health Equity Network (WEF GHEN) Health Equity Pulse Check. It describes five levels of maturity that organizations can find themselves on in the journey to health equity and how their maturity might progress ranging from “Health Equity is Not Yet a Conversation” at one end of the continuum to “Health Equity is Core to Our Strategy and Market Position” at the other end of the continuum. The Health Equity Pulse Check assessment consists of 20 questions that can help identify where an organization is on their health equity journey across four domains of action: the organization (or workforce); the customers and consumers who benefit from their offerings; and the communities, and ecosystems in which they operate.

Table 1 in the Appendix contains the [Global Health Equity Network’s Health Equity Pulse Check Worksheet](#) that organizations can fill out to assess where on the continuum they stand on their health equity journey.



## USING THE PULSE CHECK WITH YOUR ORGANIZATION

1

**Assemble a set of leaders** with insight into your organization's health equity initiatives and programs.

2

Have the group members **collectively fill out** the most fitting response to each of the 20 questions in the Pulse Check.

3

Reflect on results to **determine if the leadership team is aligned** in their perception of where your organization is today in its health equity journey.

## IDENTIFYING WHERE YOUR ORGANIZATION IS TODAY

*The Health Equity Journey*



### UNKNOWN

- Unsure of how or where organizational activities impact health and health equity
- More learning or information sharing needed across business units

### NO ACTION

- Recognizing that health equity is a business imperative, and that health equity drives business value
- Understanding that every company is a health company and business decisions directly impact health across the four domains
- Not fully understanding how or where to start

### STARTING THE JOURNEY

- Having courageous conversations about health equity goals
- Getting started and putting processes in place to make health equity a priority
- Assessing readiness to prioritize health equity and aligning Board and executives in organizational goals

### BUILDING THE FOUNDATION

- Creating initiatives to advance health equity among populations served
- Creating metrics to measure progress
- Integrating health equity considerations across all core functions, including with external stakeholders

### LEADING THE WAY

- Being known as a leader in health equity to others
- Measuring impact of health equity initiatives in the community
- Sharing your experience — wins and stumbles — with others and continuously integrating learnings into your efforts

(Source: [Global Health Equity Network \(weforum.org\)](https://www.weforum.org) Member login is required to access resources. Used with permission.)

## Approaches to measurement and evaluation

- **Set specific measurement goals:** what are you trying to achieve?
- **How can your goals be measured** by leveraging existing data sources and collecting new data?
- **Make goals SMART** (specific, measurable, achievable, realistic and timely).
- **Work with internal teams and well-being program vendors** to help ensure that programs or interventions are being appropriately and accurately evaluated, including data at the population sub-group level.
- **Include objective measures** such as changes in actual health outcomes, e.g., improvements in blood pressure control by population sub-group. While the data may be hard to get at first, it is worth the effort help to ensure that there is an actual benefit.
- **Health outcomes may not only be hard to get,** they may also take a long time to influence. There are several early signals that can be identified. For example, tracking participation in well-being programs is generally a good early indicator for a lagging indicator such as improvements in employee health status.
- **Encourage an approach that advocates for collaboration,** the use of “proxy data,” use of existing data systems for targeting data needs, better information collection and sharing where possible, and leveraging value-based agreements with service providers.
- **It is important to recognize that inequities tend to build** over a long period and across the continuum of social drivers of health. Employers didn’t necessarily create all of the environment in which they operate.
- **Appreciate the need for objective measures** (quantitative or semi-quantitative) as a business incentive: employers can create better environments for their employees because there is a longer-term return on investment or return on total value that factors in elements such as turnover and employee satisfaction. For example, measuring absenteeism and presenteeism over time can help with the evaluation of how health equity programs improve the business bottom line.
- **Avoid using binary data** such as “yes” and “no,” which tend to offer minimal value in monitoring program impact over time.
- **Schedule regular data collection and reporting.** The frequency of reporting will depend on the goals of each specific initiative; however, it should be possible to create an annual dashboard of key metrics.
- **It is best to have a series of measures** that reflect the implementation time horizon to address health inequities:
  - Early indicators (less than 3 months)
  - Intermediate indicators (3-6 months)
  - Lagging indicators (more than 6 months to a year)
- **Early indicators are generally more process focused,** such as well-being program participation rates.
- **Intermediate indicators can be useful to describe outcomes** that occur as the result of outreach, such as improvements in medication adherence or changes in hiring practices that are more equitable.
- **Lagging indicators are generally outcomes focused,** such as the diversity of representation in the workforce by sub-population groups, health status and health care costs.

The 19 actionable strategies in this guide offer some considerations for creating a health equity dashboard, and each strategy will have its own representative or suggested measures. Table 1 below contains some initial thoughts on measurement focus areas for health equity in the workforce.

**Table 1: Measurement Focus Areas**

MEASUREMENT FOCUS AREA	EXAMPLES OF STRATEGIES FOR PROCESS AND OUTCOMES MEASURES
<b>Data Collection and Accuracy</b>	<ul style="list-style-type: none"> <li>• Collection of individually-attributable sociodemographic data for tracking and analysis to identify gaps in access and care and associated business impacted</li> </ul>
<b>Organizational Philosophy</b>	<ul style="list-style-type: none"> <li>• Communication of organizational values, mission and goals for health equity</li> <li>• Development of policies to reduce barriers to achieving health equity (including gender equity, racial equity, pay equity, etc.)</li> <li>• Development of policies, structures and norms that address and decrease the potential for systemic bias and discrimination in the workplace</li> <li>• Transparency in tracking health equity in decision-making processes</li> <li>• Accountability in the use of equity principles to inform strategic business planning</li> </ul>
<b>Health Equity (HE)</b>	<ul style="list-style-type: none"> <li>• Effective communication of Health Equity values and roles</li> <li>• Integration of Health Equity as a component in the evaluation of employees, managers and leadership performance</li> <li>• Integration of Health Equity as a component in the evaluation of organizational performance in relation to workforce planning, vendor partnerships, community support and other DEI-related considerations</li> <li>• Trainings to include cultural humility and unconscious bias</li> </ul>
<b>Diversity, Equity and Inclusion (DEI)</b>	<ul style="list-style-type: none"> <li>• Effective communication of DEI values and roles</li> <li>• Integration of DEI as a value in the evaluation of employees, managers and leadership performance</li> <li>• Trainings to include cultural humility and unconscious bias</li> </ul>
<b>Workforce Management</b>	<ul style="list-style-type: none"> <li>• Collection of core employee demographics for strategic inclusive designed workforce and leadership development, planning and management</li> </ul>
<b>Health, Well-Being, and Safety</b>	<ul style="list-style-type: none"> <li>• Implementation and tracking of health care access and utilization by sub-population sociodemographic characteristics</li> <li>• Key areas include preventive care visits, vaccinations, screenings, health services utilization, emergency room visits, mental health services utilization, and management of chronic conditions</li> </ul>
<b>Benefits Administration</b>	<p>Establishment and implementation of processes to help ensure equitable benefits administration around:</p> <ul style="list-style-type: none"> <li>• Value-based insurance design to promote use of high-value services, including preventive care and well-being services, particularly among people in minority and low-socioeconomic subpopulation</li> <li>• Ensuring comprehensive and racially/ethnically diverse provider contracting and network design, including behavioral health and mental health services with provisions and measures in contracts to achieve desired health equity outcomes</li> <li>• Implementation of programs to improve employee health and benefits literacy</li> <li>• Equitable inclusion of non-traditional benefits such as transportation, care coordination and navigation assistance, nutrition security benefits and childcare</li> </ul>
<b>Community Health Strategies</b>	<p>Alignment of company internal health equity philosophy and goals with external/community-based philosophy and practices, including:</p> <ul style="list-style-type: none"> <li>• Supporting affordable housing, equitable access to healthy, affordable foods and safe recreation areas</li> <li>• Elimination of health inequities in regional health care services</li> <li>• Support for racially/ethnically diverse suppliers</li> </ul>

Adapted from: Sherman BW, Dankwa-Mullan I. *Using Diversity, Equity and Inclusion Measures to Track Impact*. In Race Forward: The Health Equity Guide for Employers. Prasad S, Brooks J and Sherman BW, eds. Race and Health Foundation, Baltimore; 2023. URL: <https://raceandhealth.com/our-book>. Used with permission.

Table 2 in the Appendix of this guide, “Health Benefits Measures,” is an illustrative example of a more detailed dashboard for ongoing assessment and management of equitable health benefits design and outcomes. For organizations with mature health equity programs that are aligned with Environmental Social Governance (ESG) reporting frameworks, we consider the **World Economic Forum’s Global Health Network** available resources.

## Next Steps

The American Heart Association and its collaborators on the Health Equity in the Workforce initiative will continue convening national thought leaders, business leaders, policymakers and practitioners to develop a more specific set of recommendations on the effectiveness of health equity interventions and develop more tailored guidance for collecting and reporting metrics.

**These recommendations will be released in Version 2 of this Employer Resource Guide.**







## ► Additional Resources

### *Workforce Well-being Scorecard™ | American Heart Association*

The American Heart Association's Workforce Well-being Scorecard is designed to help employers evaluate the culture of health and well-being within their organization to identify gaps and determine how their progress stacks up to peers.

### *Deloitte Health Equity Institute (DHEI)*

The mission of the Deloitte Health Equity Institute (DHEI) is advancing health equity to make an impact that matters. DHEI has created cross-sector collaborations and tools aimed at addressing disparities in the drivers of health, racism and bias, and structural flaws in the health system.

### *Designing and Managing Wellness Programs | Society of Human Resource Management (SHRM)*

By offering employees the means and the educational tools to take control of their wellness, employers promote a healthier, more productive work environment. A well-executed program can reduce health care costs, augment productivity and increase employee retention, providing further support for the correlation between personal health and job satisfaction.

### *Workplace Health Initiatives | Workplace Health Promotion | CDC*

CDC provides national leadership and support for employee health, safety and well-being in the worksite setting. CDC's approach includes science-based and scalable interventions and prevention strategies targeting the employers that are most affected by the costs of poor employee health.

### *Workplace Well-Being Resources | U.S. Surgeon General*

The Surgeon General's Framework for Workplace Mental Health and Well-Being provides information to learn more about the Five Essentials of workplace mental health and well-being — a foundation that workplaces of any size, across any industry, can build upon.

### *Health care's Transforming Role | Raising the Bar*

Supported by the Robert Wood Johnson Foundation, Raising the Bar provides an actionable framework for the entire health care sector to embed equity and excellence throughout its work and help achieve optimal health for all.

### *Global Health Equity Network | World Economic Forum*

The Global Health Equity Network (GHEN) aims to shape a healthier and more inclusive world through mobilizing executive leadership and commitment across sectors and geographies to prioritize health equity action in organizational strategy and purpose.

# ▶ APPENDIX

Table 1: Global Health Equity Network – Health Equity Pulse Check Worksheet

DOMAIN	No.	QUESTION	A. UNKNOWN	B. NO ACTION	C. TALKING THE TALK	D. WALKING THE WALK	E. RUNNING
ORGANIZATION	1.1	Do we understand and invest in the health of our workforce and their families?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.2	Do we understand and invest in the social, economic and environmental needs and challenges impacting the health of our workforce and their families (e.g., affordable housing)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.3	To what extent do we hold ourselves (as an organization) accountable for these investments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.4	Do we measure and support internal diversity, equity and inclusion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1.5	Is our Board engaged in health equity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OFFERINGS	2.1	Are our offerings (products and services) accessible to potential customers in under-resourced or marginalized groups?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.2	Do we incorporate programs to drive affordability of our offerings to potential customers in under-resourced or marginalized groups in our commercial offerings strategy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.3	Does our offerings design process address systemic bias and needs of potential customers in under-resourced or marginalized groups (e.g., clinical trial diversity)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.4	Do we proactively evaluate our offerings for unintended harm or inequities that may result from their production, sale or use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2.5	Are the artificial intelligence, algorithms and other technologies we employ ethical and free of bias?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
COMMUNITY	3.1	To what extent do we understand the health challenges where we recruit, serve and operate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.2	Do we understand the socioeconomic needs and challenges impacting the health of our community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.3	Do we understand the environmental needs and challenges impacting the health of our community?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.4	To what extent do we invest into the social, economic and environmental drivers of health in our communities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.5	To what extent do we partner and coordinate with community groups on health efforts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3.6	Do we create long-term sustainability and transition strategies to ensure ongoing impact of our community investments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ECOSYSTEM	4.1	To what extent do we hold our partners and supply chain accountable for health equity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.2	To what extent do we invest in public policies and advocacy for the betterment of health equity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.3	Do we publicly commit and take accountability for health equity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4.4	Do we make business choices based on public policy on health equity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Source: Global Health Equity Network ([weforum.org](https://www.weforum.org)) Member login is required to access resources. Used with permission.)

**Table 2: Health Benefits Measures**

Measure	Process Measures			Outcome Measures		
Domain	Metric	Numerator (overall and by specific sub-populations)	Denominator (overall and by specific sub-populations)	Metric	Numerator (overall and by specific sub-populations)	Denominator (overall and by specific sub-populations)
<p><b>Health benefits affordability - availability</b></p>	<p>Availability of health plan design for all employees where the sum of the premiums and deductibles is &lt;10% of annual income</p>	<p>Count of employees whose sum of premiums and deductibles is &lt;10% for at least one health plan option</p>	<p>Total number of benefits eligible employees</p>	<p>Percent of employees eligible for health benefits who are underinsured</p> <p>Underinsurance is defined as any of the following:</p> <ul style="list-style-type: none"> <li>• Enrollee out-of-pocket (OOP) costs, excluding premiums, over the prior 12 months are equal to 10% or more of household income</li> <li>• Enrollee OOP costs, excluding premiums, over the prior 12 months are equal to 5% percent or more of household income for people living under 200% of the Federal Poverty Level (FPL)</li> <li>• Enrollee deductible constitutes 5% percent or more of household income</li> </ul>	<p>Number of benefits eligible employees meeting underinsurance criteria</p>	<p>Total number of benefits eligible employees</p>
<p><b>Health benefits affordability - enrollment</b></p>				<p>Percentage of employees enrolled in health benefits and underinsured (as defined above)</p>	<p>Number of benefits <b>enrolled</b> employees meeting the criteria for underinsurance</p>	<p>Total number of benefits <b>enrolled</b> employees</p>
<p><b>Health benefits - access</b></p>	<p>Percentage of employees with in-network access to medical, behavioral, pharmacy and dental within 5 miles</p>	<p>Total number of enrollees with in-network access to medical, behavioral, pharmacy and dental within 5 miles</p>	<p>Total number of benefits eligible employees</p>			
<p><b>Access to clinicians with cultural competence (sensitivity and humility)</b></p>	<p>Availability of clinicians who manifest cultural sensitivity and humility for benefits enrollee populations within 5 miles</p>	<p>Availability of health plan provider directory noting race, ethnicity, languages spoken, cultural sensitivity and humility training/certification, with network access within 5 miles (or other appropriate distance)</p>				

Measure	Process Measures			Outcome Measures		
<b>Health benefits access and utilization</b>	Percentage of employees who can leave work during the day / during their shift for preventive services without absence penalty or loss of pay at least ½ day per year	Total number of employees who can leave work during the day/ during their shift for preventive services without absence penalty or loss of pay at least ½ day per year	Total number of benefits eligible employees	Percentage of employees using age/gender identity appropriate preventive services	Count of employees with claims data for each of the following screenings: colon cancer, breast cancer, cervical cancer, lung cancer	Count of employees meeting the eligibility criteria (age/gender) for each of the identified cancer screening services
				Percentage of employees using primary care services	Count of employees with at least one claim for an outpatient visit with a primary care practitioner	Total number of benefits enrolled employees
<b>Well-being programs – high-level</b>	Percentage of employees who participate in well-being programs, i.e., physical activity, nutrition, weight management, mental health, financial well-being, stress management, resilience, or other similar offerings	Number of employees who participate in well-being programs	Total number of full-time employees (include part-time employees if they can access these programs)	Percentage of employees within different sub-populations with improvements in health/well-being status after participating in well-being programs	Count of employees within different sub-populations with improvements in health/well-being status after participating in well-being programs	Total number of program participants
<b>Well-being programs – equity</b>	Percentage of low-income/ underrepresented employees who participate in well-being programs	Number of low-income/ underrepresented employees who participate in well-being programs	Total number of full-time employees (include part-time employees if they can access these programs)	Percentage of employees within different subpopulations with improvements in health/well-being status after participating in well-being programs	Count of employees within different subpopulations who have improvements in program-specific measures following participation in well-being programs	Total number of program participants within different subpopulations
<b>Well-being programs – access</b>	Percentage of employees who are eligible for well-being benefits (full-time, part-time and contract employees where appropriate)	Number of employees who are eligible for well-being benefits (full-time, part-time, and contract employees where appropriate)	Total number of full-time employees (possibly also part-time employees with 20 hours or more per week?)	As above – for access to well-being programs by sub-population groups		

Measure	Process Measures			Outcome Measures
<b>Well-being programs - design</b>	Percentage of low-wage/ underrepresented employees who have input into well-being program strategic planning	Number of low-wage/ underrepresented employees who have input into well-being program strategic planning	Total number of full-time employees (possibly also part-time employees with 20 hours or more per week?)	As above – for access to well-being programs by sub-population groups
<p>Note: Measures for chronic condition management programs, Employee Assistance Programs, childcare support, paid leave, voluntary and other benefits can all be incorporated into the dashboard, using this framework.</p>				
<b>Employee perceptions</b>	Employee perceptions of benefits offerings, including relevance, affordability, access and value	Percent of employees giving high ratings in each of the relevant categories	Total number of survey respondents	Sample surveys: <a href="https://www.cdc.gov/niosh/twh/wellbq/default.html">https://www.cdc.gov/niosh/twh/wellbq/default.html</a>

**Adapted from:** Sherman BW, Dankwa-Mullan I. *Using Diversity, Equity and Inclusion Measures to Track Impact*. In Race Forward: The Health Equity Guide for Employers. Prasad S, Brooks J and Sherman BW, eds. Race and Health Foundation, Baltimore; 2023. URL: <https://raceandhealth.com/our-book>. Used with permission.





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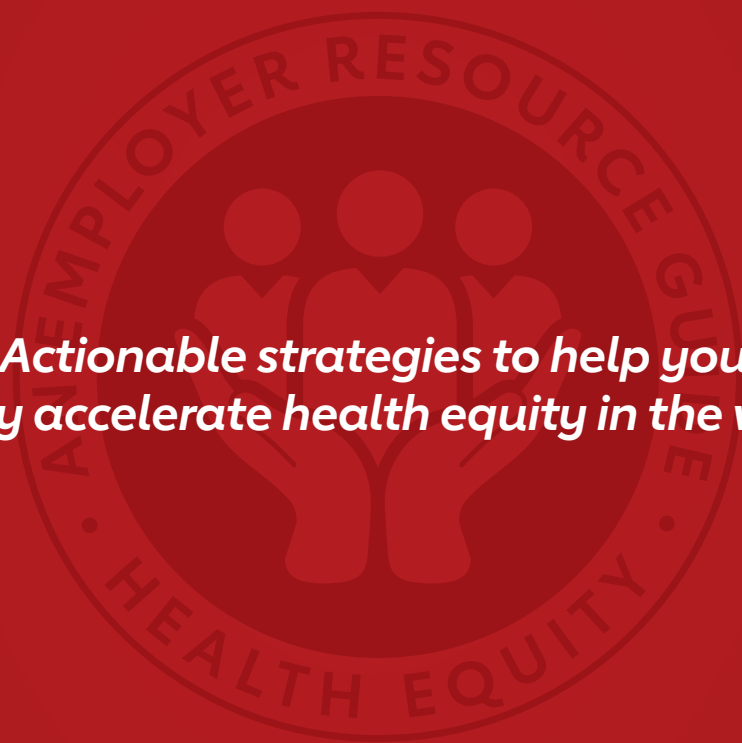
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