



Elevating health equity

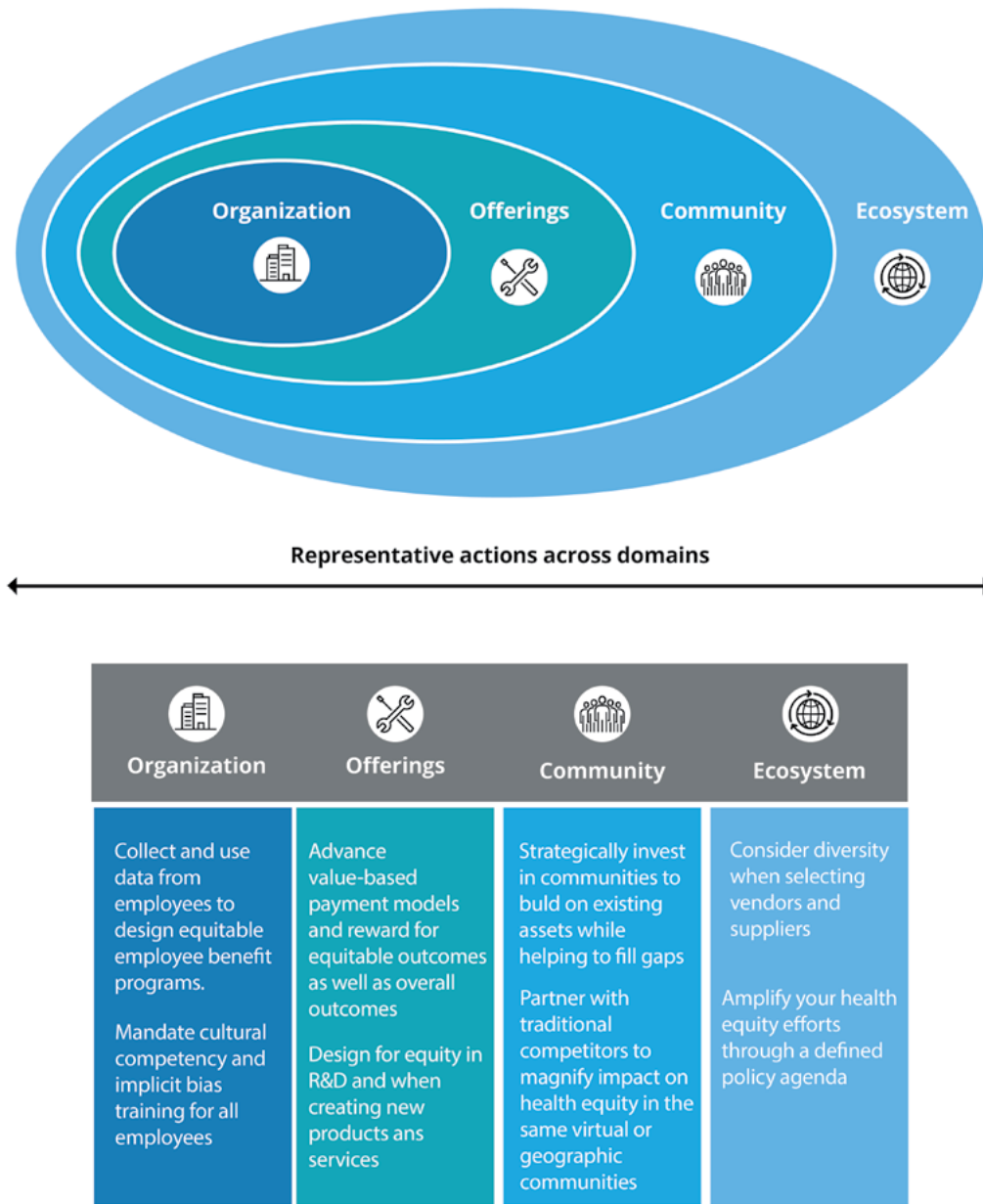
Life sciences organizations develop therapies and devices that can save or change lives, but their products don't always reach the people who need them. Inequities in health systems are both broad — including significant variations in global care delivery resources, investment, and access to care — and more localized — such as unconscious bias, a lack of trust, and language barriers.

These inequities fall disproportionately on underserved populations and result from a complex interplay of social, economic, and political factors that contribute to systemic underinvestment in poorer countries. While this results in inadequate health outcomes for the people who live there, it also affects communities, companies, governments, and other stakeholders. Like environmental, social and governance initiatives, health equity is a growing concern among investors and stakeholders. Health inequities strain workforces and productivity, create supply-chain challenges, and influence consumers' purchasing decisions. They cost life sciences companies trillions of dollars in lost productivity annually.¹ By addressing health inequities, life sciences leaders can boost productivity, increase market opportunities, generate growth, and improve their competitive advantage.

Medical device manufacturers and biopharmaceutical companies can make a significant difference by changing their approaches to developing and distributing their products and more deliberately focusing on underserved and untapped markets. It's a business model choice not a charity model.

Advancing health equity effectively involves a comprehensive set of choices. Life sciences leaders can make decisions that improve the health and well-being of everyone with whom their organizations engage: employees and their families, customers, contractors, suppliers, alliance partners, and communities. This requires developing a strategy that places health equity at the center of the business and extends across four domains: the organization, its offerings, its community, and its ecosystem (Figure 1).

Figure 1. Four domains of action



Source: Deloitte Analysis and National Academy of Medicine

Industry players can take specific actions in all these domains to meaningfully advance health equity:

Organization: Employees increasingly want their organizations to address health equity, from providing health care coverage to offering childcare to addressing mental health concerns in the workplace. Businesses have an incentive to improve workplace wellness. Health disparities result in an estimated \$42 billion in untapped productivity globally.² Dental and oral health problems cost employers 164 million hours of work each year in the US alone.³ In South Korea, 21.5% of lost productivity is attributed to employees with depression and another 13% is from workers experiencing chronic pain.⁴ Identifying and responding to these health needs, and offering comprehensive benefits to address them can increase productivity, reduce turnover and sick days, lower employer health care costs, and improve the quality of work. Investing in family-friendly policies can boost productivity, reduce workplace accidents, and improve an organization's ability to attract, motivate, and retain employees. For example, The Bank of Tokyo-Mitsubishi UFJ, Ltd. in Japan increased retention of new mothers by more than 400% and saved \$45 million in turnover-related costs by providing childcare services and extended maternity leave to its employees.⁵

Offerings: How companies create, price, market, and distribute their products affects health equity and public perception. The participants who are chosen for clinical trials influence the outcomes and ultimately determine who benefits from a drug. Those outcomes, in turn, affect market share.^{6,7} For example, if a clinical trial for an HIV prevention drug only includes cisgender men and transgender women, the drug may have unforeseen implications for individuals assigned female at birth.⁸ Coincidentally, these women are disproportionately impacted by HIV globally.^{9,10} To prevent these outcomes, life sciences organizations should ensure drugs and devices are developed without biases in data and algorithms and recruit trial participants from a broader ethnical and economic backgrounds. Even if a drug is equitably formulated, its cost and a lack of accessibility may prevent it from reaching its target patients. The public increasingly demands a health-first approach, and they are willing to pay for it.¹¹ Eighty percent of consumers are willing to spend more when they know they are buying from a company that is environmentally or socially responsible.¹²

Community: Companies that invest in addressing health inequities by improving health outcomes among employees and their communities create a larger market of healthy and economically empowered consumers. These consumers can spend more and generate incremental revenue growth. Consumers value ethical and socially conscious organizations and are likely to remain loyal to companies that support their communities. By investing in community health, life sciences organizations also can better retain workers and attract more qualified recruits.¹³

Ecosystems: Vendors and suppliers that operate inequitably may expose their clients to legal and financial risk. In 2018, the province of British Columbia, Canada, accused opioid manufacturers, drug distributors, and consultants of deceptive marketing practices that fueled addiction and overdose deaths.¹⁴ The companies settled the lawsuit for CAD \$150 million. On the other hand, companies that review fair labor practices throughout their supply chain can avoid potential legal action or loss of customers because of the actions of their partners. Poor labor practices can compromise worker health and wellbeing, compounding lost productivity and absenteeism. Companies that evaluate potential vendors and partners for fair practices, transparency, and living wages before entering contracts can help create positive health equity impact across their ecosystems.

At the same time, life sciences companies can partner with other organizations to expand health equity. By sharing insights and forming more public-private partnerships, companies can help address inequities locally. For example, AstraZeneca is working with governments and local health care professionals to close gaps in asthma care in Africa. The initiative, known as PUMUA, has partnered with more than 20 local health systems, reached almost 2,000 physicians, and expanded access to asthma treatments for patients at 700 public hospitals and faith-based facilities.¹⁵

Businesses, of course, can't address health equity alone, but they remain an influential voice. That's why the Deloitte Health Equity Institutes—which are dedicated to advancing health equity through cross-border collaboration, philanthropic investment, and research activity—teamed with the World Economic Forum (WEF) to develop the Global Health Equity Network (GHEN). The network brings together large-scale organizations to support how global leaders think about—and act on—health equity.

As part of that effort, in January 2023, Deloitte and 38 other organizations signed the signed GHEN's Zero Health Gaps Pledge, a commitment to advance health equity globally. The pledge includes 10 key commitments all signatories have made to embed health equity principles throughout their operations, workforce, and guiding philosophies. It recognizes that eliminating health inequities will require a multi-disciplinary approach that includes supporting strong diversity, equity, and inclusion (DEI) programs; providing accessible high-quality health and mental health services; paying employees across the supply chain a living wage; and investing in safe living environments.¹⁶

Participants pledge to:

1. Continually seek to understand how our organization can help address the root causes of health inequities and create a positive health equity impact.
2. Assess our own organization's health equity impact across our workforce (e.g., employee workplace health exposures), offerings and services (e.g., quality and accessibility for underserved populations), communities (e.g., investments in community health) and ecosystems (e.g., health equity promotion through advocacy and public statements).
3. Consistently seek to understand health equity needs across our workforce, consumer base, communities, and ecosystem to make strategic decisions, inclusive of investments, and use insights to inform our organization's choices from strategy to execution.
4. Measure the impact of our health equity efforts, such as health and wellbeing benefits, in ways that identify variations between and across groups, and use insight to inform decisions. Seek to employ ethical use of data and strong privacy controls.

5. Seek to employ ethical use of data and strong privacy controls.
6. Look for opportunities to share progress externally, including potentially as a part of environmental, social, and governance (ESG) and other sustainability reporting.
7. Establish and strengthen accountability systems within our organization by creating an environment where lessons can be shared and scaled, including having health equity as an agenda item at board meetings.
8. Collaborate with communities to identify key health equity needs and identify potential solutions, and to measure impact.
9. Inspire other organizations across sectors to act, to share learnings and collective investment decisions, and to accelerate the work of the GHEN and beyond.
10. Support the creation of a concrete, measurable roadmap with achievable global milestones towards health equity. Seek to employ ethical use of data and strong privacy control.

Life sciences organizations must make addressing health inequities a business imperative and implementing the Zero Health Gaps Pledge can benefit them both financially and reputationally.

“We believe that access to equitable and high-quality health care is a fundamental human right, and we are committed to working with global leaders and organizations to improve the lives of millions of people throughout the world,” said Helen Giza, CEO of Fresenius Medical Care, one of the signatories of the pledge. “We will also look inward and achieve clear, actionable steps to make our processes economically and environmentally sustainable, while increasing access to the care we provide in the global communities we serve.”¹⁷

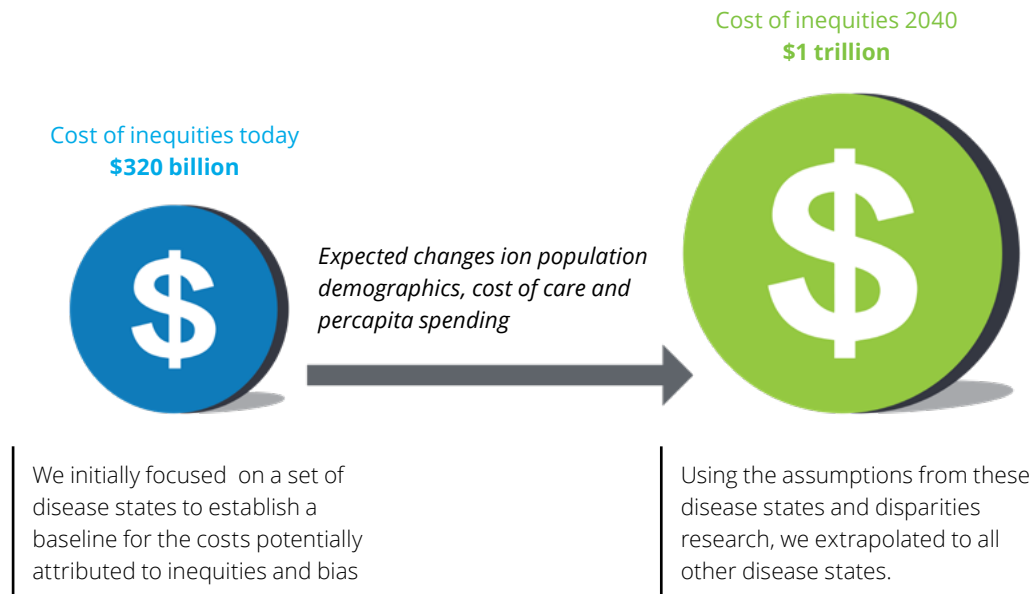
Deloitte estimates that biopharma and medical device companies could generate returns of as much as 10-to-1 on their investment by supporting access to care in underserved markets and by working to ensure that all patients—regardless of race, ethnicity, age, sex, or socioeconomic status—have access to the devices and therapies they need.¹⁸

The cost of health inequities

The cost of inaction is too great to ignore. Across the health ecosystem, inequities can limit people’s access to affordable, high-quality care, create avoidable costs and financial waste, and impact every individual’s potential to achieve health and well-being.

In the US health system, for example, inequities cost about \$320 billion and could exceed \$1 trillion in annual spending by 2040 if left unaddressed (Figure 2). This projected rise in health care spending could cost the average American at least \$3,000 annually, up from current costs of \$1,000 per year.¹⁹

Figure 2. Modeling the cost of health inequities in 2040



Note: All values are in US dollars.
Sources: Deloitte analysis

Meanwhile, the European Parliament estimated that health inequities in the European Union cost about 1.4 percent of GDP each year, almost matching defense spending of 1.6 percent of GDP.²⁰

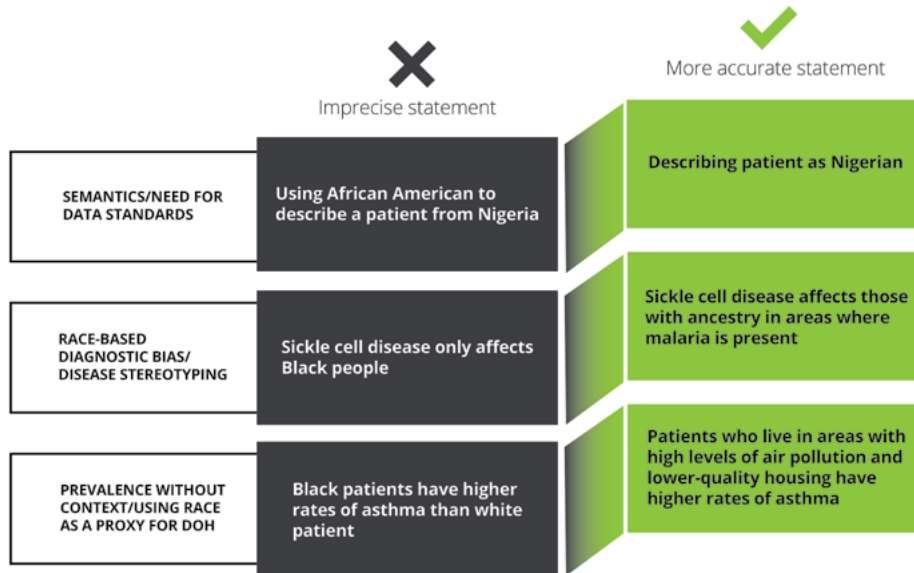
Data inequity

The first step in reducing inequities is identifying them. Unfortunately, a lack of data standards makes addressing systemwide biases much more challenging. In many cases, data on race and ethnicity is not collected or properly recorded, in others, it is misused in determining treatment and diagnosis. Some countries ban the collection of such data all together. Technology can exacerbate these issues. Algorithms may inappropriately account for race factors based on biased data, for example. If these systemic issues aren't sufficiently addressed, inequities will likely continue to widen, possibly at exponential rates.

Collecting data about race, ethnicity, language, disabilities, sexual orientation, and gender identity can be difficult. Patients may skip these questions on forms because they don't understand the importance of providing the information. They may feel uneasy answering them verbally. As a result, administrative or clinical staff may simply guess at the answers, which can lead to data errors, deficiencies, and inconsistencies.

In addition, different providers, insurers, and government organizations may have different definitions or methods of collecting data, such as having one category for Asian and Latinx populations, despite the differences between the two groups. These discrepancies can limit the effectiveness of data. And systemic bias can lead to poor understanding of certain diseases, such as the longstanding believe among US researchers that sickle cell disease only affects Black people, when in fact it is correlated with an evolutionary adaptation to malaria exposure, not skin color (Figure 3).^{21,22}

Figure 3. Examples of misrepresentation of race



Sources: NEJM and Deloitte analysis.

Improving clinical trial diversity

Clinical trials provide essential care for patients by offering therapies that can treat disease often years before drugs are approved. Trial participants also receive additional medical care they might not receive otherwise.

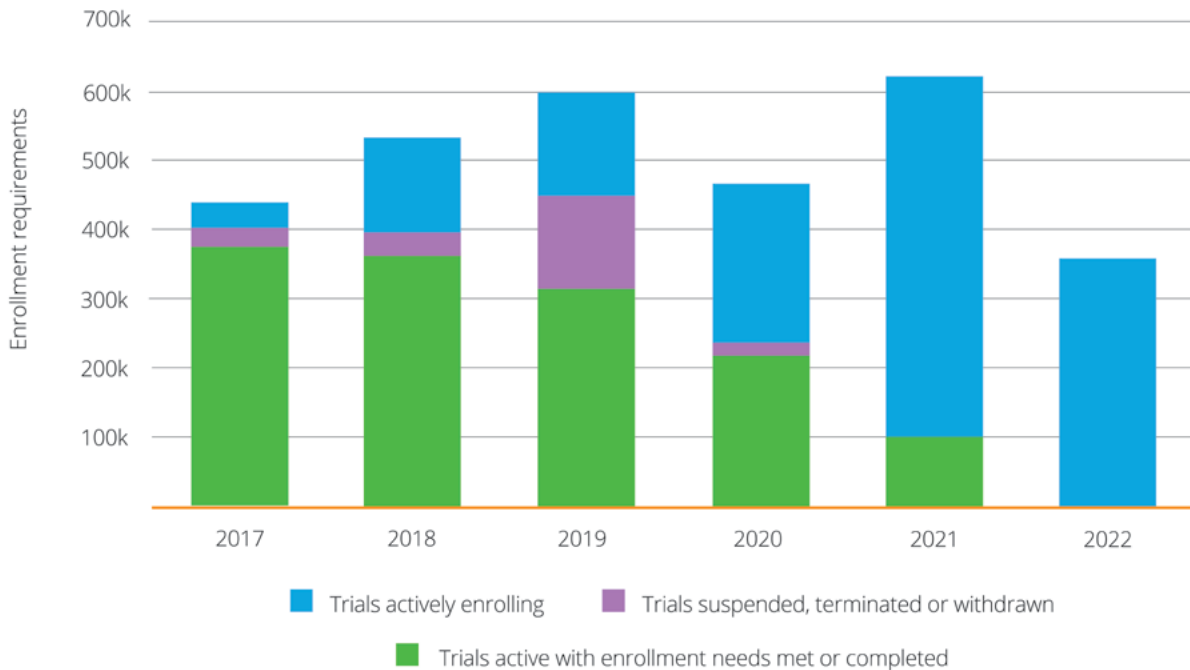
Yet barriers to trial diversity persist in part because life sciences organizations have not done enough to boost awareness that trials are being offered, provide suitable access for all groups, or address issues of mistrust in underrepresented communities. Trust across the system, from individual practitioners to institutions and in data and technology, is crucial. It will be important to rebuild trust with people and communities intentionally by understanding needs, improving experiences, and building a more diverse and inclusive workforce

The lack of diversity in clinical trials is critical because people of different ages, races, and ethnicities may react differently to differing therapies and devices. At the very least, participants in clinical trials should represent the patients who will use therapies and devices, but they often do not. For example, 40% of US citizens are racial or ethnic minorities, but 78% of clinical trial participants are white. While cancer is the leading cause of death for Asian-Americans, they make up only 3% of clinical trial participants for cancer treatments.^{23,24}

In Europe, it's much the same. A study of clinical trials for new cancer treatments between 2009 and 2019 found that patients in Western Europe had access to far more treatments than those in the central or eastern parts of the continent. Belgium, for example, conducted 11.06 trials per 100,000 people, compared with 0.14 in Albania.²⁵

The industry has a business case for addressing the inequity of clinical trials. By late 2022, it was short 1.4 million participants for Phase 3 trials that were seeking enrollment. Only 46 percent of trials started in the last five years reported meeting enrollment requirements (Figure 4).²⁶

Figure 4. Examples of misrepresentation of race



Sources: Clinicaltrials.gov

To address these shortcomings, the Deloitte US Center for Health Solutions, Pharmaceutical Research and Manufacturers of America (PhRMA), and its member companies published their first industrywide principles on clinical trial diversity in November 2020, reflecting member companies’ voluntary commitment to enhancing clinical trial diversity.²⁷

Pharmacy chains Walgreens and CVS recently entered the clinical trials business, hoping to use their thousands of retail outlets to boost both recruitment and diversity of participants.²⁸ By offering more locations, with more flexible hours, more people from different socioeconomic backgrounds can participate more easily in clinical trials.



Bristol Myers Squibb has launched an initiative to increase trial participation globally among people with disabilities.²⁹ A recent study found that 12.4 percent of people with intellectual or developmental disabilities, and 1.8 percent of those with physical disabilities were specially excluded based on trial criteria, even though the disabled are the world’s largest underrepresented group.³⁰

“People with disabilities are omitted from conversations about diversity and inclusion, despite being the largest underrepresented group in the world — and the only underrepresented group anyone can join at any given moment”, said Tinamarie Duff, who leads the company’s Global People and Business Resource Group.³¹



Meanwhile, Swiss drug maker Novartis recently invested US\$17.7 million in a 10-year plan to address inequities in clinical trials through collaboration with 26 historically Black colleges, universities, and medical schools. Merck and Sanofi have also signed on to the program.³²

Reliable information from trusted messengers in the community — such as historically black institutions — is critical to encouraging participation from underserved communities in clinical trials. Valued partners can help ensure that communications are culturally sensitive and free of unconscious or unintended bias. Many community leaders — faith-based

organizations, civic leaders, educators, barbers, and beauty shops — can be trusted messengers, working with life sciences organizations and health providers to communicate important information. For example, nurses can advocate for clinical trials and educate their local communities about them. This is especially important in rural communities, where health workers are often liaisons to underserved populations.³³

Taking action

Achieving health equity requires leaders to design and build systems that advance health equity as an outcome. To do this, they should root out racism both within and outside the life sciences sector to break the vicious cycle of inequity that stands in the way of all individuals reaching their potential for health and well-being. Disparities in outcomes should not, and do not have to, be driven by racism and bias.

For life sciences organizations, addressing racism and other biases to advance health equity can be a point of competitive advantage. Not only can it help them attract the best talent and elevate their brand and reputation, but healthier workers have fewer sick days, are more productive on the job, and have lower medical care costs. And life sciences organizations have even more reason to pursue health equity because it can drive direct improvements to their mission to continually advance innovation through new therapies and devices for improving care.

Every organization should plan to address health inequities by designing and enabling the future of health care around people and equity. Life sciences incumbents, industry disruptors, community organizations, and government agencies each have a role to play in removing the barriers that lead to health inequities and turning unaffordable costs into opportunities.

Addressing root causes of inequity

To elevate health equity, life sciences companies need to develop specific strategies that prioritize equity and overcome barriers that can limit access to their products. Companies should:

- **Be intentional:** Infusing equity-centered thinking into business choices should be prioritized to build wellness-focused, outcomes-driven prevention and delivery systems that seek to serve everyone, regardless of race, ethnicity, and socio-economic status.
- **Form cross-sector partnerships:** Forge alliances among existing stakeholders, new partners, and the government to create change. Life sciences organizations should collaborate with agencies, organizations, and coalitions that work on initiatives to address the root causes of health inequities.
- **Measure progress:** Accessible, platform-agnostic, and inclusive data and technology infrastructure paired with representative data collection, key performance indicators, and ongoing evaluation likely will be necessary to define and track progress in tackling health equity. But, don't get too wound up around measurement or attracted to overly complex measurement initiatives and schemes. In the end, progress is directly measurable by an increase in outcomes in a given area of focus.
- **Address individual and community-level barriers:** Up to 80% of health outcomes are affected by social, economic, and environmental factors. These drivers of health (DOH) — also known as social determinants of health — include physical environment, food, infrastructure, economy, wealth, employment, education, social connections, and safety.³⁴ These nonmedical factors can have a negative impact on health. Moreover, barriers, such as health and digital literacy and care infrastructure, can hinder access to care. Addressing the DOH, removing barriers to access, and creating healthy environments will likely require investments in data, technology, and public health infrastructure at the federal, state, and local level.
- **Promote awareness:** Educate clinicians about the impact unconscious biases can have when it comes to prescribing medications and suggesting treatments. Peer-to-peer examples of success in reaching underserved populations can be a powerful tool.
- **Build trust:** Form relationships with local community leaders and with trusted organizations that serve those communities.³⁵
- **Tailor products to diverse needs:** Consider cultural nuances in making translations from English. At least 350 different languages are spoken in US homes, according to the US Census Bureau, and more than 65 million people have limited English proficiency. Many medical devices are aimed at English-speaking consumers, and directions for prescription drugs tend to be written only in English.

Improve access: Develop innovative strategies and education that open doors to medications and technologies. This includes reducing financial barriers, especially in the US, where the tiered health insurance system can make it difficult for everyone to have access to the same therapies and medical devices. High deductibles, for example, could put some devices and therapies out of reach for some patients. But putting off needed care could turn a preventable or treatable illness into one that is difficult or expensive to manage.

Contact

Greg Reh

Deloitte Global Life Sciences & Health Care Industry Leader

grreh@deloitte.com

Interested in learning more about elevating health equity and its impact on global life sciences? Check out these Deloitte publications:

[Advancing health equity through community-based ecosystems](#)

[Mental health equity and creating an accessible system](#)

[Increasing clinical trial diversity](#)

Acknowledgements

We would like to thank the following individuals for their contributions to this chapter: Greg Reh, Josh Lee, David Rabinowitz, Sarah Shier, and Phoebe Morgan.

Endnotes

- Ani Turner, "The Business Case for Racial Equity," W.K. Kellogg Foundation, 2018, https://altarum.org/sites/default/files/uploaded-publication-files/WKKellogg_Business-Case-Racial-Equity_National-Report_2018.pdf
- Ibid.
- Uma Kelekar and Shillpa Naavaal, "Hours Lost to Planned and Unplanned Dental Visits Among US Adults," Preventing Chronic Disease, Centers for Disease Control and Prevention, January 11, 2018, https://www.cdc.gov/pcd/issues/2018/17_0225.htm
- Dong-Wook Lee, Jongin Lee, Hyoung-Ryoul Kim, and Mo-Yeol Kang, "Health-Related Productivity Loss According to Health Conditions among Workers in South Korea," International Journal of Environmental Research and Public Health, July 16, 2021, doi: 10.3390/ijerph18147589.
- "Tackling Childcare: The Business Case for Employer-Supported Childcare," International Finance Corporation, 2017, https://www.ifc.org/wps/wcm/connect/cd79e230-3ee2-46ae-adc5-e54d3d649f31/01817+WB+Childcare+Report_FinalWeb3.pdf?MOD=AJPERES&CVID=IXu9vP-
- Elizabeth Pratt, "We Don't Have Enough Women in Clinical Trials — Why That's a Problem," Healthline, October 25, 2020, <https://www.healthline.com/health-news/we-dont-have-enough-women-in-clinical-trials-why-thats-a-problem>
- "History of Women's Participation in Clinical Research," National Institutes of Health, <https://orwh.od.nih.gov/toolkit/recruitment/history>
- Molly Walker, "Descovy Promising as PrEP in MSM, but May Have a Woman Problem," MedPage Today, August 6, 2019, <https://www.medpagetoday.com/infectiousdisease/hivaids/81460>
- "Facts and Figures: HIV and AIDS," UN Women, <https://www.unwomen.org/en/what-we-do/hiv-and-aids/facts-and-figures>
- Descovy for PrEP," Antimicrobial Drugs Advisory Committee Meeting, US Food and Drug Administration, August, 2019, <https://www.fda.gov/media/129923/download>.
- Ryan Rudominer, "Corporate Social Responsibility Matters: Ignore Millennials at Your Peril." Center for Social Impact Communication, Georgetown University, <https://csic.georgetown.edu/magazine/corporate-social-responsibility-matters-ignore-millennials-peril/>.
- "2020 Global Marketing Trends," Deloitte Insights, https://www2.deloitte.com/content/dam/insights/us/articles/2020-global-marketing-trends/DI_2020%20Global%20Marketing%20Trends.pdf
- Sara Zellner and Lawrence Bowdish, "The ROI of Health and Well-Being: Business Investment in Healthier Communities," National Academy of Science, November 6, 2017, <https://nam.edu/roi-health-well-business-investment-healthier-communities/>.
- "Settlement reached with Purdue Pharma (Canada) for opioid damages," press release, British Columbia Attorney General's Office, June 29, 2022, <https://news.gov.bc.ca/releases/2022AG0044-001031>
- David Fredrickson, "Approaching health equity from all angles," World Economic Forum, May 25, 2022, <https://www.weforum.org/agenda/2022/05/approaching-health-equity-from-all-angles/>
- "Global Health Equity Network Zero Health Gaps Pledge," World Economic Forum, January 2023, https://www3.weforum.org/docs/WEF_Zero_Health_Gaps_Pledge_2023.pdf
- Fresenius Medical Care takes action to close global health gaps, signs "Zero Health Gaps" Pledge at the World Economic Forum" press release, Fresenius Medical Care, January 20 2023, <https://www.prnewswire.com/news-releases/fresenius-medical-care-takes-action-to-close-global-health-gaps-signs-zero-health-gaps-pledge-at-the-world-economic-forum-301726358.html>
- Drew Wilkins, "The business case for health equity in life sciences," Deloitte Health Forward Blog, September 22, 2022, <https://www2.deloitte.com/us/en/blog/health-care-blog/2022/the-business-case-for-health-equity-in-life-sciences.html>
- Asif Dhar, Jay Bhatt, Neal Batra, and Brian Rush, "US health care can't afford health inequities," Deloitte Insights, June 22, 2022, <https://www2.deloitte.com/us/en/insights/industry/health-care/economic-cost-of-health-disparities.html>
- Johan P Mackenbach, Willem J Meering, and Anton E Kunst, "Economic costs of health inequalities in the European Union," Journal of Epidemiology & Community Health, Vol. 65, 5, <https://jech.bmj.com/content/65/5/412>
- "Data & Statistics on Sickle Cell Disease," Centers for Disease Control and Prevention, <https://www.cdc.gov/ncbddd/sicklecell/data.html>
- WGBH Educational Foundation and Clear Blue Sky Productions, "A mutation story," video, 2001.
- Darryl Sleep, "Amgen Stands With PhRMA to Increase Diversity in Clinical Trials," Amgen press release, April 14, 2021, <https://www.amgen.com/stories/2021/04/amgen-stands-with-phrma-to-increase-diversity-in-clinical-trials>
- George A. Alexander, Kenneth C. Chu, and Reginald C.S. Ho, "Representation of Asian Americans in Clinical Cancer Trials," Annals of Epidemiology November 2000, [https://doi.org/10.1016/S1047-2797\(00\)00198-8](https://doi.org/10.1016/S1047-2797(00)00198-8)
- Natalie Healey, "Unequal access: understanding cancer treatment disparity in Europe," Pharmaceutical Technology, December 7, 2020, <https://www.pharmaceutical-technology.com/analysis/unequal-access-understanding-cancer-treatment-disparity-in-europe/>
- "Life sciences services trends and outlook: Fall 2022," RSM, September 14, 2022, <https://rsmus.com/insights/industries/life-sciences/clinical-trials-trends.html>
- Alexandria Younossi, Wendy Sanhai, Sonal Shah, and Christine Chang, "Enhancing clinical trial diversity," Deloitte Insights, November 11, 2021, <https://www2.deloitte.com/us/en/insights/industry/life-sciences/lack-of-diversity-clinical-trials.html>
- Ibid.
- "Bristol Myers Squibb Launches Disability Diversity in Clinical Trials (DDiCT) Initiative to Improve Healthcare Outcomes for People with Disabilities," BusinessWire, July 20, 2022, <https://www.businesswire.com/news/home/20220720005158/>

- en/Bristol-Myers-Squibb-Launches-Disability-Diversity-in-Clinical-Trials-DDiCT-Initiative-to-Improve-Healthcare-Outcomes-for-People-with-Disabilities
30. Catherine Y. Spong and Diana W. Bianchi, "Improving Public Health Requires Inclusion of Underrepresented Populations in Research," *Journal of the American Medical Association*, January 23-30, 2018, <https://jamanetwork.com/journals/jama/article-abstract/2667821?redirect=true&apld=scweb>
 31. "Bristol Myers Squibb Launches Disability Diversity in Clinical Trials (DDiCT) Initiative to Improve Healthcare Outcomes for People with Disabilities," *BusinessWire*, July 20, 2022, <https://www.businesswire.com/news/home/20220720005158/en/Bristol-Myers-Squibb-Launches-Disability-Diversity-in-Clinical-Trials-DDiCT-Initiative-to-Improve-Healthcare-Outcomes-for-People-with-Disabilities>
 32. "Novartis commits U\$17.7M to support equity in clinical trials," *HealthCare Africa*, July 6, 2022, <https://www.healthcareafrika.info/novartis-commits-us17-7m-to-support-equity-in-clinical-trials/>
 33. Alexandria Younossi, Wendy Sanhai, Sonal Shah, and Christine Chang, "Enhancing clinical trial diversity," *Deloitte Insights*, November 11, 2021, <https://www2.deloitte.com/us/en/insights/industry/life-sciences/lack-of-diversity-clinical-trials.html>
 34. Ibid.
 35. Leslie Read, Leslie Korenda, and Heather Nelson, "Rebuilding trust in health care," *Deloitte Insights*, August 5, 2021, <https://www2.deloitte.com/xe/en/insights/industry/health-care/trust-in-health-care-system.html>



About the Deloitte's Life Sciences Practice

Across life sciences you'll find innovators who are developing therapies, treatments, devices, and cures to meet society's most pressing health challenges and deliver wellness for all. Alongside them, you'll find our leaders, the professionals of Deloitte's Life Sciences practices, who are orchestrating and delivering the business of science and health. We help drive impact through deep industry experience and insights, transformative strategies, trusted, flexible approaches, and new technologies. We help accelerate action and create connections that empower a digitally enabled, equitable future of health.

About this publication

This communication contains general information only, and none of Deloitte Touche Tohmatsu Limited ("DTTL"), its global network of member firms or their related entities (collectively, the "Deloitte organization") is, by means of this communication, rendering professional advice or services. Before making any decision or taking any action that may affect your finances or your business, you should consult a qualified professional adviser.

No representations, warranties or undertakings (express or implied) are given as to the accuracy or completeness of the information in the communication, and none of DTTL, its member firms, related entities, employees or agents shall be liable or responsible for any loss or damage whatsoever arising directly or indirectly in connection with any person relying on this communication. DTTL and each of its member firms, and their related entities, are legally separate and independent entities.

About Deloitte

Deloitte refers to one or more of the Deloitte Touche Tohmatsu Limited ("DTTL"), its global network of member firms, and their related entities (collectively, the "Deloitte organization"). DTTL (also referred to as "Deloitte Global") and each of its member firms and related entities are legally separate and independent entities, which cannot obligate or bind each other in respects of third parties. DTTL and each DTTL member firm and related entity is liable only for its own acts and omission, and not those of each other. DTTL does not provide services to clients. Please see www.deloitte.com/about to learn more.