



Questions to Outline Your Health Equity Strategy

***About the authors:** Bill Laughlin, Bill Siren, Josh Lee, and David Rabinowitz are leaders within Deloitte's Health Care Strategy & Analytics practice. This editorial represents perspectives on how health care leaders can develop and implement strategies around advancing health equity, including positioning the topic as a strategic imperative across the enterprise.*

Inequities in the US health system cost approximately \$320 billion today and could eclipse \$1 trillion in annual spending by 2040 if left unaddressed.¹ Despite the many other shifts and pressures within the health care ecosystem, health equity has gained prominence on the agendas of health care organizations, disruptors, and adjacent industries over recent years. Walmart recently announced the launch of the Walmart Healthcare Research Institute with the mission to increase community access to health care findings that may lead to more equitable care, such as increasing inclusivity of patients in rural and underserved communities to participate in clinical research.²

[Deloitte's Health Equity Institute](#) defines health equity as the fair and just opportunity for every individual to achieve their full potential in all aspects of health and well-being.³ There are a multitude of levers that a CSO can employ to address and measure health equity across four main domains: the organization, its offerings, its community, and its ecosystem.⁴ This can create an overwhelming scenario for CSOs and other health care leaders who are deciding how to best address these inequities. There are three guiding questions CSOs can leverage to develop their organization's health equity strategy: 1) What is our role in addressing health equity in each of these domains? 2) What needs should we focus on within health equity? 3) How do we measure impact?

Question #1: What is our role in addressing health equity?

CSOs can guide their organization towards adopting a defined role within the health equity ecosystem. Below are several illustrative roles an organization can adopt which will help guide

the objectives and activities pursued by the organization. Organizations may take on multiple roles, and roles may include:

- **Funder:** Supports health equity efforts by providing financial support to other entities directly addressing health equity
- **Educator:** Develops educational materials and conducts training related to health equity for a targeted set of stakeholders (could be one or multiple stakeholder types)
- **Data Curator:** Collects health equity data (e.g., screening, community voice, government data) and develops insights to share with the broader community
- **Convener:** Works within the community to connect resources and integrate efforts to enable force multipliers
- **Policy Advocate:** Drives regulatory and policy changes to improve health equity

Question #2: What needs should we focus on within health equity?

Once a role is selected, CSOs will need to define which populations and needs to focus on. The selected population(s) and need(s) can be as broad (e.g., housing needs across all US citizens) or as narrow (e.g., food insecurity for perinatal women) as desired, with most organizations taking an intersectional approach which best serves their communities.

Potential areas of focus should be vetted against insights derived from data as well as the voice of the community. Longevity equity is one area that organizations can look to when determining an area for focus. Longevity equity is the difference between length of life across different demographics.⁵ For example, as of 2020, the gap in life expectancy between Black and White Chicagoans was 10 years, up from 8.8 years in 2017.⁶ Understanding longevity inequities in a community can clearly indicate areas of health disparities.

Question #3: How do we measure impact?

It can be difficult to assess the impact of an organization or health equity initiative when there are many environmental factors, personal choices, and other supporting organizations impacting outcomes. Nevertheless, impact can be measured across a variety of dimensions, including those listed below. It is important to look at these dimensions through both REAL (Race, Ethnicity, Ancestry, and Language) and SOGI (Sexual Orientation and Gender Identity) data cuts. Simultaneously, organizations must protect patient data privacy and security to build and maintain community trust.⁷

Dimension	Illustrative Examples
Success of process	Volume of screening conducted
Health care accessibility	Length of time between scheduling and appointment
Patient experience	Percent of patients who felt supported by their provider
Demographic comparison	Emergency department visits by race as compared to their percentage of the community population

Health outcomes	Maternal mortality rate
Upstream triggers	Reduction in food insecurity

Additionally, organizations can gain a higher level of understanding of impact by looking at community acceptance to gather evidence that the initiatives engage and embrace the community. Community Health Needs Assessments can be leveraged for their data on community needs and health equity progress. Other tools and resources that can help decision makers better understand health equity are health impact assessments, community health improvement plans, and adapting a Health in All Policies approach.⁸

Case Study: New York-Presbyterian’s Patient Navigator Program

New York-Presbyterian’s Patient Navigator Program is an example of a health system making impact towards health equity through their role of convener.

What is NYP’s role in addressing health equity?

- The program offers peer-based, culturally sensitive education and support to patients who need guidance to navigate the health care system including care and social services (e.g., financial assistance, scheduling, etc.)
- NYP currently has over 100 Patient Navigators, who are members of the community trained to drive the connection between care providers and patients in need⁹

What needs does NYP focus on within health equity?

- NYP’s Patient Navigator Program focuses on health care access, financial and health care literacy, along with other needs for at-risk patients

How does NYP measure impact?

- To assess impact, NYP evaluates community acceptance of the institute offerings

Conclusion

Health care organizations may have the resources and capabilities to make tremendous impact in health equity, but often face challenges when it comes to outlining and executing on their strategy. Many health organizations face time-sensitive issues such as provider shortages, physician burnout, and supply chain delays, making it difficult for health equity to reach the top of an organization’s agenda. Because health equity efforts cannot be achieved without community acceptance, health care organizations must target their efforts to their community to create impact. Additionally, it is crucial to pursue partnerships to scale impact – not only with community-based organizations, but also with other large companies such as payors, governments, and technology companies. A community’s most pressing health equity needs may be reflected through the organization’s employees who live in the communities that are being served. By narrowing down the most critical issues within a community, establishing partnerships, and allocating the necessary assets to combat these issues, health

care organizations can set up a strong foundation to develop impactful and sustainable initiatives.

Please reach out to Bill Siren, Bill Laughlin, Josh Lee, or David Rabinowitz with any questions.



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