Grant Thornton

Building an equitable future of health

What will it take to achieve equitable and fair health for all?

A paramount national priority

For nearly two years, societal and economic impacts of the COVID-19 pandemic have worsened preexisting health disparities among individuals of low socio-economic status, rural communities, and black, indigenous, people of color (BIPOC). With disproportionate rates of COVID-19 related hospitalizations and deaths, particularly among BIPOC, the pandemic brings to surface extreme, costly, and nationwide inequities in our U.S. healthcare system that command immediate attention and systemic change.

3.5x COVID-19 related hospitalizations in American Indian or Alaska Native, Non-Hispanic persons compared to White, Non-Hispanic persons

2.0x COVID-19 related deaths in Black or African American persons compared to White, Non-Hispanic persons

The United States spends nearly $93 billion alone on excess medical costs attributed to health disparities. For over a decade, federal health agencies, public health organizations, and life sciences organizations have viewed and discussed health equity as a shared vision. However, only in recent Executive Orders (EO) does the Administration emphasize the importance of advancing equity and enabling an environment for equitable and fair health for all. In alignment with these EOs, from federal government to private sector, organizations acknowledge their influence on public health and lean into their unique role in making health equity a reality. For example, CMS recently proposed reimbursement changes to close the racial discrepancy gap around the mandatory payment model for kidney disease. While these EOs tie authority to policy creation and allocation of federal resources, existing health disparities among underserved, marginalized, and adversely affected populations come from decades of discrimination, racism, and unconscious bias. To address historical effects of inequity requires action beyond laws, regulations, and rules to improve population health. Health equity will be achieved when we can turn the policies into strategic, community-driven pathways that transform systems and address the root cause: systemic imbalances between groups and across all social determinants of health (SDoH).

Social Determinants of Health

Health is based on more than the absence of sickness or disease. Many factors influence health outcomes and quality-of-life. Below are some key social determinants of health (SDoH) that contribute to our health and physical, mental, and social well-being.

Neighborhood and built environment
- Transportation
- Crime and violence
- Environmental conditions
- Quality of housing
- Parks and walkability

Health and health care
- Access to health care
- Provider and pharmacy availability
- Quality of care
- Health literacy

Social and community context
- Civic participation
- Discrimination
- Incarceration
- Race and ethnicity
- Exposure to violence/trauma

Education
- Early childhood education and development
- Enrollment in higher education
- High school graduation
- Language and literacy

Economic stability
- Gainful employment
- Debt
- Expenses
- Poverty
- Socioeconomic status

Food access and quality
- Food security
- Access to healthy options

1. https://www.cdc.gov/coronavirus/2019-ncov/covid-data/investigations-discovery/hospitalization-death-by-race-ethnicity.html

What will it take?

Inequities embedded in our U.S. healthcare system are linked to decades of persistent, unfair access to human and social services. The pandemic exacerbated the extent and costliness of these disparities and showcased the need to invest in a robust infrastructure, application of modern public health approaches, and cross-sector governance structures. **While the investment required to achieve health equity is great, the social and economic benefits are greater for all.**

Robust, equity enabling infrastructure

There are many organizational structures and functions needed to inform strategic pathways that effectively respond to current and emerging equity priorities, to include:

- Information systems, informatics technologies, and digital health tools and programs that are accessible, interoperable, prepared, responsive, equity-centered, and expanded across federal, state, local, and territorial levels
- Comprehensive and up-to-date data, to include healthcare, demographic, geospatial, SDoH, and census data
- Learning systems that enable culturally competent care and a workforce that can detect, analyze, and prevent inequity
- Sound ethical foundations and standards on health equity data collection, measurement, evaluation, and sustainment

A robust health equity infrastructure will allow for seamless exchange, integration, and joint analysis of population information. An infrastructure that fosters health equity will enable a responsive, data-driven supply chain that promotes equitable distribution of human and social services to better meet population needs. Reliable and readily available information on health disparities will inform timely policy decision-making to further reduce inequities. It will bridge social and cultural gaps to improve health outcomes, delivery of health care services, and the overall patient experience.

Next generation public health approaches

Together, genomics, spatial analysis, and big data can better pinpoint disparities and inform targeted health interventions to protect vulnerable populations. Big data may include public health surveillance data or other inputs derived from emerging digital tools and technologies, such as wearable fitness devices. Next generation public health approaches such as precision public health have been valuable in response to COVID-19. For example, precision public health concepts were applied in the detection and response in high transmission areas, using epidemiological and anonymized mobile data. The application of advanced analytics (i.e., artificial intelligence/machine learning), an essential component of this emerging discipline, will enable reduction and prevention of health disparities. Modern public health disciplines foster innovation in preparedness and responsiveness to emerging health priorities.

Collaboration and commitment from all

The causes of health disparities span across institutions, communities, and individuals – requiring a diverse network of industries, communities, and institutions to work together to enable interventions for better health. To advance health equity, we must build cross-sector governance structures that promote collaboration and integration of strategic goals. State and local government leaders can address SDoH and advance health equity through implementation of health in all policies (HiAP), an approach that integrates health outcomes into policymaking across sectors to improve the health of all communities. Examples where state, local, and territorial agencies implemented coordination activities such as braiding and layering, a mechanism to blend funding sources to achieve the same goals and objectives, have more successfully targeted the social determinants of health. Collaboration across sectors and agencies will better integrate health and human services delivery and target health inequities at a community level.

Looking ahead

Through recent EOs, the Administration is committed to advancing diversity, equity, inclusion, and accessibility across the Federal Government. Although we stand on the precipice of systemic change, we can't lose sight of the infrastructure, advanced public health approaches, and dedication that is required to propel us into a future of equitable health.

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