



Approaching health inequity with straight forward action

An assessment guide for CEOs



CEO
Forward Edge



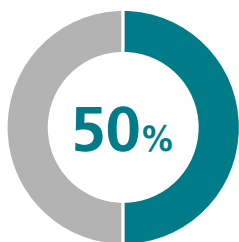
Health equity can be described as every person having an opportunity to achieve optimal health without inequities or unfair differences in their ability to access and receive care.

These unfair differences are connected to race, ethnicity, gender, socioeconomic status, sexual orientation and the overlapping combinations of these factors that make up a person's identity. Achieving health equity is a straightforward idea but not a simple goal to achieve. Solving an issue of this complexity will require leadership, partnership and a sustainable effort.

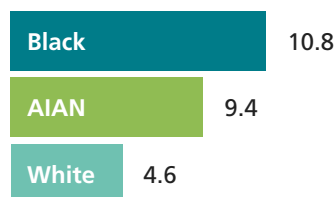
A health equity framework includes:

- Enabling a diverse, equitable, inclusive workforce
- Ensuring equitable care across a diverse set of patients
- Addressing root causes of inequity in the broader community

More than half of transgender and nonbinary youth have seriously considered suicide.¹

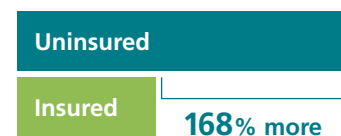


Infant mortality rates are higher for Blacks and for American Indians and Alaska Natives (AIAN) than they are for whites.²



Rate per 1,000 live births

Uninsured adults with diabetes have 168% more emergency department visits than insured adults.³



Emergency department visits

Disparities in health care lead to extraordinary and avoidable human suffering. And the financial toll in this country represents \$93 billion in excess medical care costs and \$42 billion in untapped productivity. Resolving these disparities represents a potential economic gain of \$135 billion per year.⁴

The cost of doing nothing outweighs the cost of trying something. Merely addressing these issues downstream — once people are sick and at risk — is untenable. CEOs have a clear and compelling mandate to examine the true cost of unchecked bias in their own health system. Then they can start to build a business case for making health equity a strategic initiative.

[With a business case as their foundation](#), CEOs can provide stakeholders with the resources needed to uncover the structural barriers and industry norms that are preventing access to good nutrition, employment, health care services or life-saving medication. By better understanding the underlying issues, health communities can work together to create a new, inclusive system that collectively addresses social and medical factors.

CEOs can assess areas of need, project the economic opportunity and evaluate health equity as a business strategy. They will need to demonstrate how a more inclusive workforce, proof of equitable care, and collaborative, community investments translate into a competitive advantage.

The first step is leadership. CEOs can set the strategy, build the business case, commit the resources and communicate the vision. Starting with a self-assessment and then looking across their organization, throughout their employee base and into their communities, CEOs can build a comprehensive viewpoint that will prepare them to take practical action.

\$93B

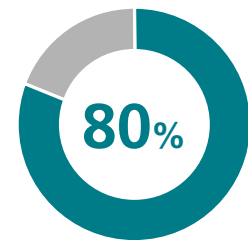
in excess medical costs

\$42B

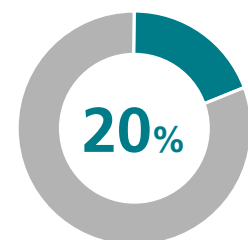
in productivity costs

\$135B

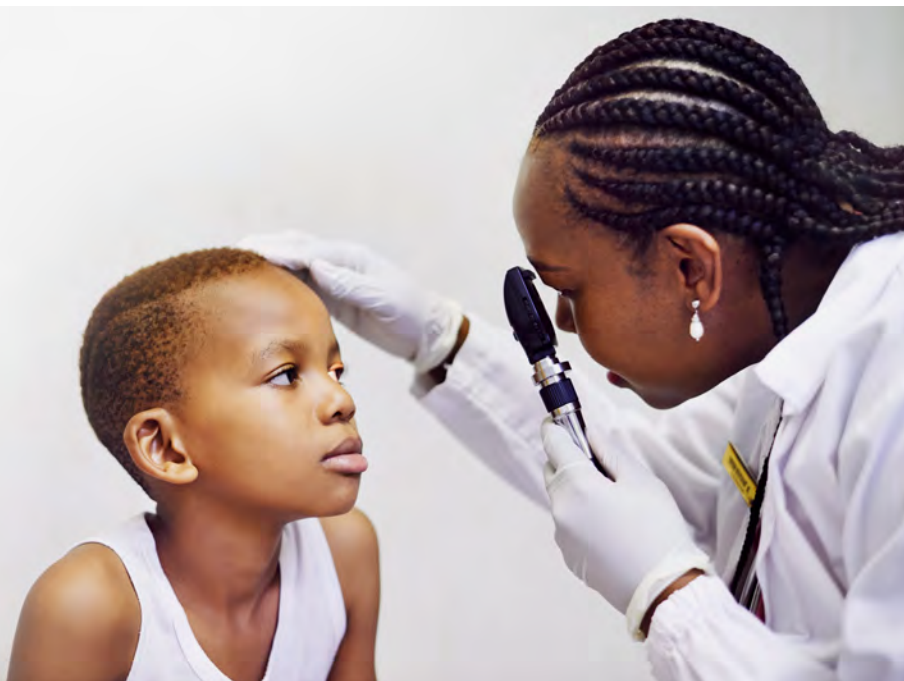
in potential economic gain per year



80% of health outcomes are determined by social, lifestyle and behavioral factors.⁵



20% are attributed to purely medical factors—which can include confirmation bias and unconscious bias.⁵



Here is a list of areas for CEOs to consider as they navigate toward health equity.

1. Leadership launch point

Start with yourself

- We all have more to learn about racial disparities in health care. Bias exists whether we see it today or not. Tune in and enhance your listening skills.
- Ask for a 360-degree review to gather feedback from peers, reporting staff and customers about how well you understand and address issues of bias in the workforce and the impact of social determinants of health on clinical outcomes.
- Become curious. See if there are other aspects of diversity and bias that were unknown to you.

Create a task force

Create a diverse team that runs across the spectrum of your organization to help guide your efforts. Make sure it accurately reflects the full range of diversity in your community. Include voices you might not otherwise hear.

Examine your leadership team

See how well staff reflects the people you serve.



“The CEO’s role is to advocate. It’s to be a champion. It’s to provide appropriate resourcing and staffing. It is to set strategy and to set culture. And do that with a data- and metric-driven mindset.”

— Rachel Woods,
Managing Director,
Advisory Board





2. Organizational assessment

Consider your purpose and mission

- Is health equity an integral part of what you do and why you do it?
- How well have you built health equity into the goals, objectives and expectations of every employee in your organization?

Build a business case

Begin to build a business case that can measure the impact that addressing health disparities will have on health care costs, productivity, employee satisfaction and brand value. Set goals and define performance metrics for improvement. Be sure you can be focused enough that teams don't become overwhelmed or distracted.

Dedicate resources

Based on your business case, formalize a commitment of time, talent and finances to investigate inequity and bias within your organization. How will you support this commitment with training and incentives?

Build the dialogue

Ensure that your organization is having conversations about bias and inequity. Reach out and speak with those who have the greatest understanding of institutional bias, unequal allocation of power and resources, and social determinants of health. What opportunities can you create that allow real, unfiltered feedback about how you're actually doing and what your people are experiencing? How can you use that dialogue to inform solutions you might need to employ?

Consider your data

Many organizations don't keep or don't have access to complete data about race, gender identity, language, geography or social determinants of health. What is your organization's capacity to collect, manage and share more complete information about your consumers?

2. Organizational assessment (continued)

Assess for bias

Building on the dialogue mentioned above, join your teams to explore:

- **Unconscious or implicit bias** — Typically results from cultural influences. Each person’s beliefs, attitudes and biases have been shaped from their unique life experience. (“Black people don’t feel pain” is an example of implicit bias.)
- **Confirmation bias** — This reflects the tendency to interpret information that confirms prior values. (Doctors may believe that if they give equal care, the care is equitable. This is confirmation bias.)
- **Structural bias** — If left unchecked, racism, classism and sexism can quietly operate throughout your organization. (A lack of diversity in your leadership team is one indication of structural bias.)

Measure clinical outcomes

Continually measure clinical outcomes. Do you deliver equal outcomes across all racial and ethnic minorities? Can you choose specific elements of the health journey you want to improve? Consider areas of utilization, lengths of stay, readmissions, immunization rates, screenings, access to care providers, medication adherence — anything that you may need to adjust to support your purpose and mission.



These actions demonstrate commitment that goes across the organization. And by addressing some of those, you might begin to have a cascade effect and uncover new opportunities that would otherwise remain undiscovered.



3. Employee experience and engagement

Check in

- How well do you understand the overall health and wellness of your own employee base? Do you have employees who are themselves suffering from health inequities?
- Identify those employees who may struggle with housing, nutrition, transportation and access to affordable health care services. Learn from them. Ask your task force to identify what forms of assistance you might offer them.

Improve recruitment practices

Employees reflect or should reflect the people you serve. They can shed light on where services are not meeting the need and help design solutions that are placed in the market. They can be a voice for the community you serve.

Mentor and support

Employees may both experience and address structural bias and inequity. Do you offer training and mentors who can coach and support them along the way? Recognizing one's own bias can be daunting or uncomfortable. Employees will need tools and coaching to support them. What do your employees say about the training you offer?

Promote community action

Encourage, support and reward employees for getting out into their community. Whether it's time off to volunteer or attending a social event, make it clear that connections with the community are important and can help guide and inform more broad-based efforts. What can you promote and how could it connect back to your strategy and business case?

Build intellectual capital

Invest in the training that will help your leadership and staff understand organizational bias. Champion their efforts to solve needs as they arrive and grow a culture of diversity and inclusion. What training or consultation do you need to move forward?

Hispanics are more than twice as likely to be uninsured than whites.⁶



“As CEOs, we listen and learn. We advance through understanding. It’s our job to champion the process and lead by example. Prospective employees, clients and business partners want to see how our organization is addressing this issue.”

— Adele Scielzo,
Chief Executive Officer,
Advisory Board

4. Community connections

Create community relationships

Much of the momentum and activities that address health inequities are founded in genuine relationships. Leaders can get out into the community and enjoy a shared experience. This creates trust and builds perspective. If you are a large employer, others may look to you for community leadership too. Visibility is important. Who is on your short list?

See the medical neighborhood

Part of getting out into the community is understanding the “medical neighborhood” that exists around the people you are trying to support. Based on your data discovery and clinical outcomes, what care gaps need to be closed? What geographic areas are underserved? What specialists, care providers, pharmacies and other in-home services are unavailable to your consumers? How are food deserts, housing and transportation impacting health? How could you meet the community’s needs in a more meaningful way?

Define your role

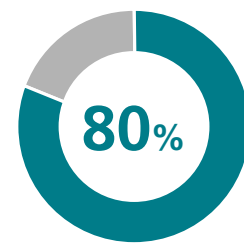
If 80% of impact on health outcomes happens outside of an acute setting, then it’s wise to get out there and make a difference. Build a hands-on understanding of the social determinants and trust factors that are impacting your consumers and employees. Consider the roles of funder, advocate, convener, expert or anchor. How deeply have you considered your role in the community and the impact you could have?

Consider the collective

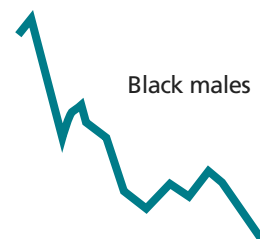
Imagine a high-functioning community with interoperable data, community navigators, population health and care management that is culturally sensitive and appropriate. What role your organization can perform and who might be some likely partners?



There is a straight line between recessions and what they do to overall health status. What is the economic health of your community and how is it impacting health outcomes?



of impact on health outcomes happens outside of an acute setting.⁷



Black males have the shortest life expectancy of any group.⁸



Attaining the highest level of health

A diverse, equitable, inclusive workforce is a pillar of health equity. It helps ensure equitable care across a diverse set of patients and strengthens the broader community. A culture that is grounded in equity will improve creativity, facilitate problem solving and build psychological safety within the organization. It improves retention. And it's important to the financial performance of every business.

A healthy, diverse employee base is a foundational step on the path to a vibrant, high-functioning community.

CEOs who address bias within their organization will gain access to more perspective, diversity of thought and more creative solutions — crucial components for tackling this complex issue. And CEOs with health equity at the center of their purpose and mission will be able to sustain their efforts. It is a long-term commitment that will help us achieve our highest goals:

- Improve the quality of life for every individual
- Improve the clinical outcomes for their constituents
- Improve employee productivity and loyalty
- Reduce the total cost of care
- Improve vitality for the community at large

We are at a moment in time where we as an industry have the insight, the resources and the partnership mechanisms to resolve this issue. We have the data and actuarial know-how to model near-term and long-term scenarios. With a strategic plan and solid metrics, CEOs can get their organization on the path to health equity. The next requisite is mapping an economically sustainable roadmap. And full resolution will come from a network of diverse participants that can successfully resolve and eliminate all the factors that influence poor health. Optum is here to help. We are ready to bring the full breadth of our tools and expertise forward to create the partnerships and systems that help all people live their healthiest lives.



“We must address health equity not only because it’s the right thing to do, but because of the economic impact if we don’t.”

**— Dr. Alan Lassiter, Partner,
Strategy Consulting,
Optum**

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Meet our experts



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Alan Lassiter, MD, MBA

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