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How Can We Expand Our Health Equity Footprint?

By Kim Griffin-Hunter

In virtually every industry, environmental, social, and governance risks are demanding attention from board members. The threat of climate change, for example, has prompted many industries to develop environmental strategies to reduce their carbon footprints.

Along these lines, a growing number of organizations, and their boards, are beginning to discuss ways to define and expand their health equity footprints. But what exactly does "health equity" mean, and why is it vital for companies to assess their own impact?

Health equity simply means that everyone—regardless of race, ethnicity, gender, sexual orientation, socioeconomic status, or other aspects of identity—has the same opportunity to achieve their full potential in all aspects of health and well-being. The health equity footprint reflects an organization's progress toward ensuring that no one (inside or outside of the organization) is unable to reach this potential because of their social position or other circumstances.

Many boards are just beginning to focus on this issue. Health inequities are apparent across a broad range of illnesses—from COVID-19 to diabetes and heart disease to mental health issues. Black and Hispanic individuals, for example, are exposed to about 60 percent more air pollution than they produce, on average. White people, by contrast, experience an average of 17 percent less air pollution than they generate.

Moreover, structural and systemic barriers may mean that people who live in low-income or minority-majority neighborhoods don't have access to a grocery store (or to affordable healthy foods), or to green space or safe outdoor areas where children can play. Health outcomes and life expectancy still map to the geographic boundaries established generations ago through the practice of redlining. No one should be surprised that low-income populations and communities of color have been hit particularly hard by COVID-19, as Deloitte's Elizabeth Baca noted in a blog post last October.

THE BUSINESS CASE FOR HEALTH EQUITY

Health inequities tied to race and ethnicity translate to about $93 billion in excess medical care costs and $42 billion in lost productivity annually. At the company level, health inequities mean employers are "investing health-care dollars in a system that does not administer services equally to diverse workforces. . . . In many cases they are paying for inappropriate or inadequate care," according to a publication from the Association of State and Territorial Health Officials. Some employees may be receiving excess care and others not enough.

Beyond the strong business case for health equity, there are moral and ethical issues to consider. Health equity is strongly linked to diversity, equity, and inclusion (DE&I), which are vital to our overall well-being as a society, in addition to companies' ability to survive and thrive.

Change needs to start at the top, and talking about health equity is often the first step. Silence in the boardroom is no longer an option, and board members should get more comfortable initiating uncomfortable conversations.

Boards can work with management to identify areas that can be improved in terms of health equity—both internally among employees and externally in terms of clients and other stakeholders. They can then set goals and track progress.

Goals can start out small, but progress toward meeting those goals should be measured and shared. The Deloitte Health Equity Institute recently worked with the National Association of Health Services Executives to survey Black health-care executives who are leading DE&I initiatives. Half of the survey respondents said leadership is not meaningfully measuring and tracking progress.

There are four critical steps that directors can take to improve health equity inside and outside of their organizations:

1. **Organization.** Consider opportunities to partner with management in creating a culture and business approach that promote health (and overall) equity within the organization.
2. **Offerings.** Ask management to assess whether the organization's products and services are designed and delivered with health equity in mind.
3. **Community.** Consider the impact that health equity has in the communities where the company recruits, operates, and invests. Partner with management to consider the needs of everyone directly or indirectly affected by the business.
4. **Ecosystem.** Collaborate with management to encourage vendors, partners, and other stakeholders to prioritize health equity.

Expanding the organization's health equity footprint—thereby accelerating DE&I—is a moral imperative that requires both a business solution and a commitment from executives and directors.

The good news is that nobody is in competition around health equity. We are all in this together, and together, achieving true health equity is possible.