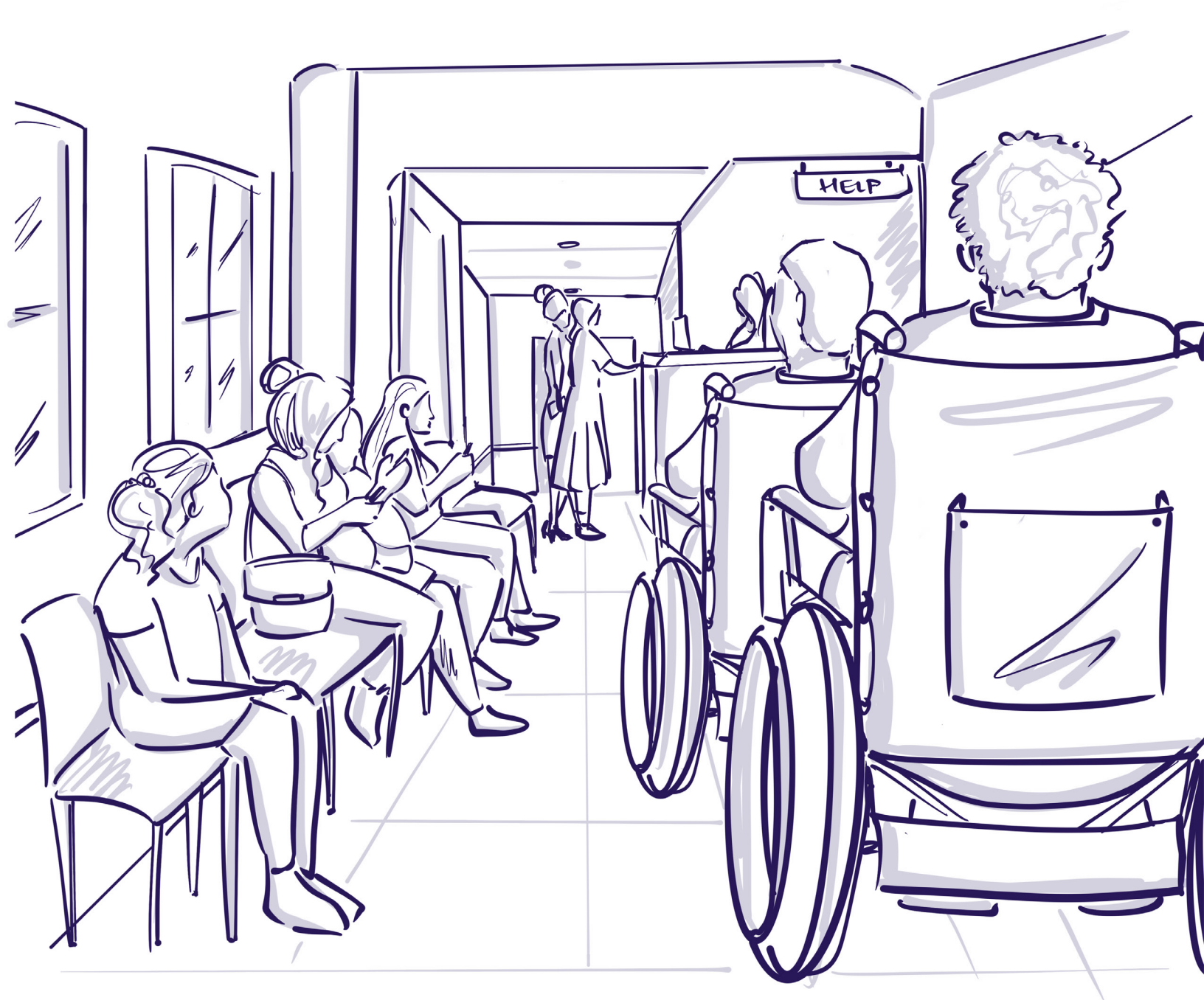
Today's health equity goal

Shifting from headlines to impact



Get Well

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The topic of health equity has been in the spotlight for years within the public health realm, but only since the COVID-19 pandemic hit the country in 2020 has the topic of health equity become so prominent in mainstream news.

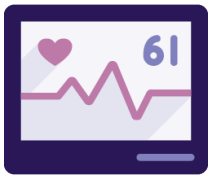
Health equity
When everyone has the same opportunity to be as healthy as possible, regardless of their social position in a community or other social determinants.

Something once discussed chiefly among policy experts and health communicators is now splashed across news headlines and debated around the dinner table.

The COVID-19 crisis brought to the forefront glaring inequities between and among various groups of people.

As more healthcare organizations look to implement strategies aimed at reducing health inequities and delivering a personalized care experience that takes into account each individual person and their specific needs, the hope is that these conversations about health equity will shift from headlines into practice and begin to drive meaningful improvements in individual and population health outcomes.

COVID-19's impact on health and health inequity



It is clear that race and ethnicity were (and remain) significant risk factors that impact health for individuals with COVID-19.*

- American Indian or Alaska Native individuals are at more than three times the risk of hospitalization from COVID-19 as compared to white individuals
- Black and African American individuals see rates of death two times higher than their white counterparts
- Hispanic and Latino individuals are infected at twice the rate of white individuals
- Estimated reduction in life expectancy for Black and Latino populations is 3 to 4 times that for Whites

These numbers suggest that there's disparity in both healthcare treatment and social determinants of health.

The same populations that have been so significantly impacted by COVID-19 and saw barriers to receiving care when the pandemic first began are now the same communities that are less likely to have access to the vaccine.

There are varied reasons that people may not have received the vaccine.

- A lack of transportation
- Inaccurate or nonexistent information regarding the COVID-19 vaccine
- The inability to take time off of work to receive the vaccine
- Lack of testing and vaccine locations available in convenient, affordable and trusted locations
- Concerns regarding citizenship or immigration status regarding the vaccine

COVID-19 has brought these issues to light for many, but the problems threaten to continue beyond the pandemic. It's past time to bring all resources to bear. Digital health technology has a big role to play in leveling the playing field.

* "GetWellNetwork: Addressing Vaccine Inequity is More Than a Moral Obligation," Healthcare IT Today, March 3, 2021.

Health inequities are not a new problem

The COVID-19 pandemic brought the issue of health inequities to light for those outside of the healthcare industry. Within the industry, however, health inequities have been a persistent challenge. The United States has long struggled with significant disparities in health outcomes between various patient populations, geographic locations, communities, and individuals.

There is a history of institutional racism and medical mistreatment of communities of color and underserved populations with roots more than 2,500 years old, according to a study in the *Journal of the National Medical Association*. African Americans have been subject to racial inferiority myths and sterotypes since arriving as enslaved people, as well as "biased medical education processes that have led to medical and scientific abuse, unethical experimentation and overutilization of African Americans as subjects for teaching and training purposes." These practices impact the way care is delivered to some groups even today.

Social determinants of health
The conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, which are shaped by the distribution of money, power, and resources.

80%
Health outcomes driven by social determinants of health (SDOH), including safe housing, transportation, and neighborhoods; experience with racism, discrimination, and violence; education, job opportunities, and income; access to nutritious foods and physical activity opportunities; air and water quality; language and literacy skills

36%
U.S. adults with low health literacy, with disproportionate rates found among those eligible for Medicaid

66%
People enrolled in Medicaid are of reproductive age

42%
Births in the United States supported by Medicaid

3x
Black and African-Americans more likely to die during pregnancy than those in all other racial/ethnic groups

> Historical and systemic racism has, and continues to, exclude people of color from accessing healthcare and social services. The cultural identities and the language of communities of color have been threatened for decades. That experience has been compounded by community leaders and elders being disproportionately affected by COVID, making the need to proactively protect their cultural identity and heritage even greater.

Dr. Alisahah Jackson, System Vice President, Innovation and Policy, Population Health, CommonSpirit Health

In November 2020, a new American Medical Association (AMA) policy recognized racism as a public health threat, with the organization vowing to "actively work on dismantling racist policies and practices across all of healthcare." Many hospitals and health systems followed suit with their own public pledges to improve health equity.

In 2020, as the country fought the pandemic, another crisis was taking hold. A series of incidents involving police violence against Black Americans, including the death of George Floyd while in police custody, sparked protests throughout the country — further spotlighting racial inequities.

Despite this renewed focus and aim to acknowledge the harm caused by racism and implicit bias, there remains a great deal of progress to be made. A key component of the AMA policy was to identify tactics to address racism and reduce or prevent its health impact.

According to the non-partisan think tank the Lown Institute, few top healthcare organizations rank high for health equity and social responsibility. In its 2021 report, the Lown Institute graded only 75 out of 3,000 hospitals an A ranking for health equity.

This discrepancy is not for lack of goals — most healthcare organizations understand the importance of eliminating health inequities. However, most organizations also lack the tools and insights needed to help them properly address the root cause of health inequities, remove barriers to access, and ensure all the people they serve have the resources and services they need to improve outcomes of populations and individuals.

Systemic racism
(also called structural or institutional racism)
Racism that exists across a society within, and between, institutions/organizations across society.

What is health equity?

Health equity is when everyone has the same opportunity to be as healthy as possible, regardless of their social position in a community or other social determinants, which are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health.

Health inequities arise when there are differences in health status or distribution of health services among or between populations that are avoidable and that lead to unfairness and injustice in healthcare. Differences in quality of life, access to healthcare, rates of disease or death, and length of life between groups of people reflect health inequities.

Volume to value: A change in more than just policy

As health plans, health systems, and providers are embracing value-based care, they are also realizing that achieving health equity is about more than treating all people equally when they arrive at your facility.

Although implicit bias based on race or ethnicity, gender, weight, age, language, income, or insurance status when delivering clinical care to patients is certainly something healthcare organizations need to address to improve health equity, increasingly, healthcare organizations are realizing that there are many other factors that make up a person's health and well-being.

Examples of health inequities

Black people are three times more likely to die during pregnancy than those in all other racial or ethnic groups.

Non-white populations have an eight times greater COVID-19 infection rate than those in white populations.

Young people who identify as LGBTQ+ are six times more likely to experience symptoms of depression than their non-LGBTQ+ peers.

Women experience longer wait times for emergency care and delays in treatment of some medical conditions than men.

Addressing health equity through social determinants of health

Many people face barriers to healthcare because of where they live, their race or ethnicity, their education level, and many other factors. In fact, a person's ZIP code is often more important than their genetic code, with only 10 to 20% of an individual's overall health stemming from the clinical care they receive, while as much as 40 to 50% can be attributed to social and economic factors.

According to Healthy People 2030, social determinants of health (SDOH) are defined as the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks, which are shaped by the distribution of money, power, and resources.

While many conditions and situations make up SDOH, Healthy People 2030 groups them into five areas:

- Economic stability
- Education access and quality
- Healthcare access and quality
- Neighborhood and built environment
- Social and community context

Examples include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

Food dessert
Geographic areas where access to affordable, healthy food options is restricted or nonexistent because of a lack of grocery stores within convenient traveling distance.

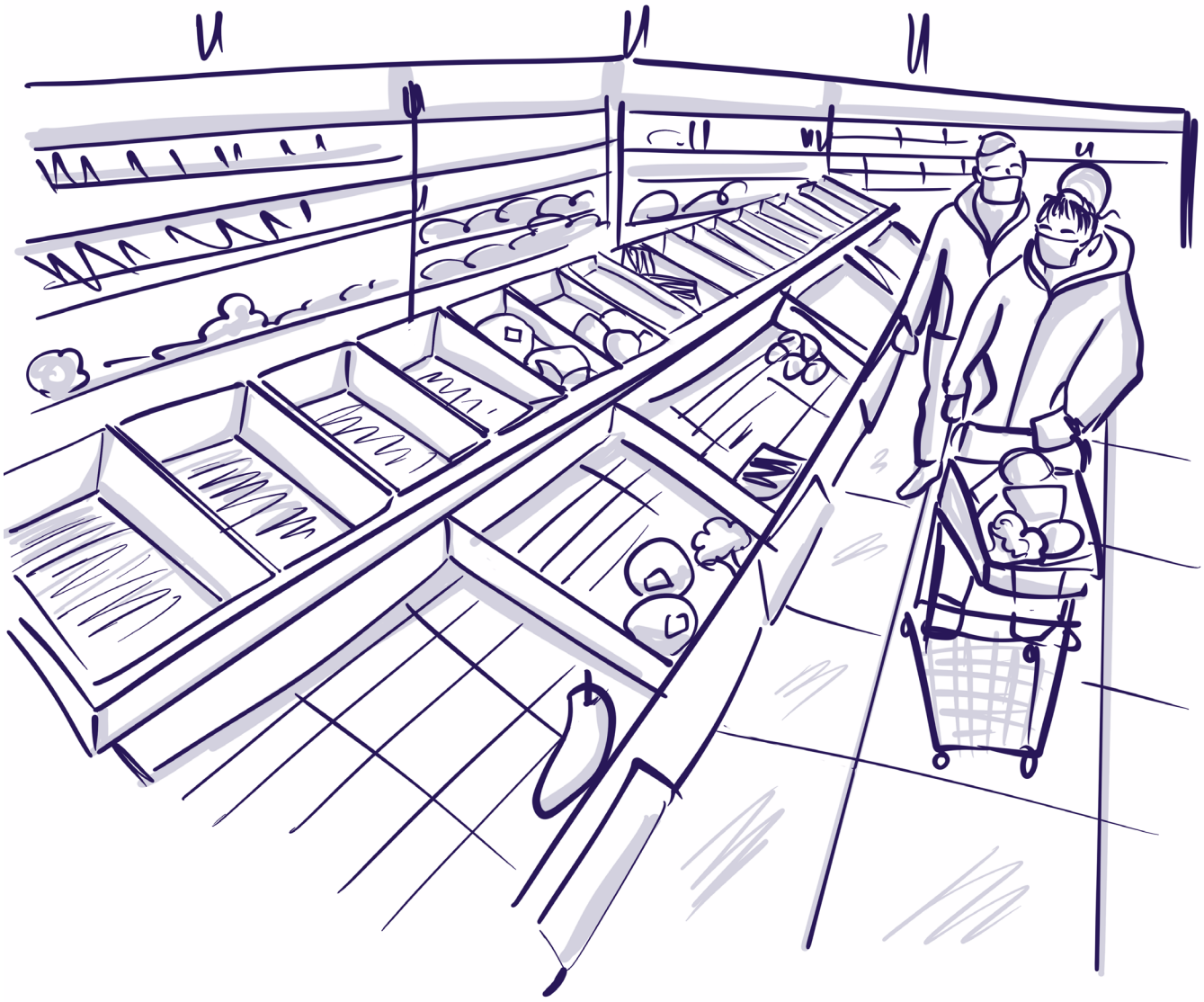
Connecting social determinants of health and health disparities

It is important to note that SDOH are social factors that shape health — and that may be positive or negative. For some people, their SDOH — their lived experience — may have a positive effect on their health.

For instance, a person with economic stability, who has access to high-quality education and healthcare, will likely have better health than someone with an unstable or insufficient income and inadequate access to healthcare.

Similarly, individuals who live in food deserts and lack access to healthy foods are more likely to struggle with nutrition than those who live in communities with ample access to grocery stores and healthy food options. This poor nutrition increases the risk of some health conditions, including obesity, heart disease, and diabetes.

Systemic public health concerns like the issue of food deserts cannot be solved by a single healthcare provider or even by a single hospital or health system alone — larger community or state-level initiatives are needed to drive meaningful changes. However, using digital health technology layered with a human, empathetic component can be an important first step.



When concerns around various SDOH are surfaced, navigators — people who live and work with patients in a community — can guide patients through the complex health system and direct people to community resources, preparing them and educating them on health topics, helping to mitigate health disparities.

The Kaiser Family Foundation defines health disparities as differences in health quality and healthcare between groups that are closely linked with social, economic, and/or environmental disadvantage.

Healthcare disparities occur across race and ethnicity, socioeconomic status, age, location, gender, disability status, and sexual orientation. Healthcare organizations can reduce health disparities by fostering health equity.

Effectively addressing healthcare disparities includes ensuring behavioral health equity. This is an especially keen need among younger people and the Veteran community. According to the White House "Proclamation on National Mental Health Awareness Month, 2021," nearly 10% of America's youth report being severely depressed. Similarly, research suggests that 1 in 4 active duty military members and 1 in 5 Veterans show signs of behavioral health conditions.

Health disparities
A particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage.

Health equity spotlight: Serving the underserved

Operating more than 130 hospitals across 21 states, CommonSpirit Health, the largest nonprofit health system in the United States, brings an empathetic approach to care with the goal of addressing the needs of underserved populations and improving health equity. To navigate this clinical care transformation, the health system partners with Get Well to leverage the Docent Health solution.

Recognizing that Black and African-Americans are more likely to die during pregnancy than those in all other racial/ethnic groups, CommonSpirit Health focused on use of community navigators in addition to digital technology to ensure patients were engaged with its services.

The result: CommonSpirit Health saw similar bidirectional engagement among all people engaged,* with a 64% engagement rate. Black and African-American people also have a 63% engagement rate, while Hispanic people have an even higher engagement rate of 71%.

Bidirectional engagement rate

64%
All people

63%
Black and African-American

71%
Hispanic

* Data as of November 2021.

Learn more about how hospitals and health systems can use technology to improve care quality and access for all in this on-demand webinar, Serving the Underserved: A Conversation with CommonSpirit Health about Equity in Healthcare.

Connecting health literacy and health disparities

The U.S. Department of Health and Human Services has included health literacy as part of one of its overarching Healthy People 2030 goals: "Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all."

Health literacy is also a critical part of the Centers for Disease Control and Prevention's 10 Essential Public Health Services, listing it as the third essential service.

When communicating about health and healthcare, ensuring that health literacy and plain language principles are used is key to patients' understanding, and understanding health information is critical to improving health outcomes.

To empower people to take a more active role in their healthcare, healthcare organizations must ensure that people can access and understand the information that has been provided. According to the U.S. Department of Education, more than half of U.S. adults — 54% or about 130 million people — read below a sixth-grade level. Moreover, nearly 36% of U.S. adults have low health literacy, something this is estimated to cost the U.S. economy $236 billion each year.

If healthcare information is too complicated or fails to take into account the target audience, people are less likely to comprehend and take action.

In addition to using plain language, this may include providing translation services for people for whom English is not their first language and ensuring that websites or other materials are accessible to people who use assistive technology.

Likewise, when information incorporates health equity principles that take their cultural, linguistic, environmental, and historical experiences into account, people are more likely to accept the information and apply it to their specific health scenario.

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

Health literacy
The degree to which individuals have the capacity to obtain, process, and understand basic health information needed to make appropriate health decisions.

5 key principles for unbiased, inclusive communication

1. **Avoid use of adjectives such as “vulnerable” and “high-risk.”**
   Instead consider terms and language that explain why some groups are more affected by something than another group.

2. **Avoid dehumanizing language. Use person-first language instead.**
   Always describe people as having a condition rather labeling them as their condition. For example, use people with diabetes, not diabetics.

3. **Remember that there are many types of subpopulations.**
   Be as specific as possible when referring to groups of people — and use the term minority sparingly. Always specify the subpopulation when you can.

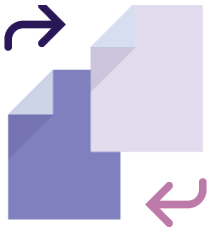
4. **Avoid saying “target,” “tackle,” “combat” or other terms with violent connotation when referring to people, groups, or communities.**
   Instead consider terms and language that explains why some groups are more affected by something than another group.

5. **Avoid unintentional blaming.**
   Refrain from making assumptions about a person’s behavior or access to care and avoid using language that blames or shames a person for their action. Instead of ‘people who refuse vaccinations’, use ‘people who have yet to receive a vaccine’.

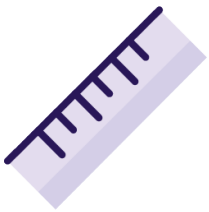
Adapted from: “Health Equity Guiding Principles for Unbiased, Inclusive Communication” (CDC)

Actions your organization can take

Focus on a particular clinical population
To address the issue of health equity from a SDOH perspective, healthcare organizations can focus intervention efforts on a particular clinical population. You can work at the community level or with local government officials to define a particular population most in need of intervention. When all entities coordinate efforts and agree upon an end goal, success is more likely.



Iterate on your efforts
Before moving forward with larger initiatives, ensure that you have achieved your intended goals and objectives and that you've done so efficiently and cost effectively. Then focus on policy creation and activism for long-term gains, such as designing unique programs and evaluating success over time to measure impact.



Ensure you can measure the initiative
As with any effort, when you are implementing initiatives to address health equity, you must ensure that your effort is measurable. Put solutions in place that have short-term, measurable goals. How will you determine success?

Examples
An outreach program for expectant parents in traditionally underserved communities that aims to educate them about prenatal care and provide resources to reduce preterm deliveries.

A collaboration with remotely located behavioral health care managers who provide therapy and develop a behavioral health care plan for patients in an effort to reduce racial disparities regarding behavioral health.

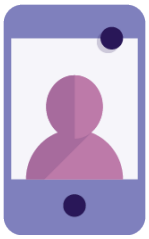
How digital technology can advance health equity

Digital technology has forever changed the way we see, process, and use information. There are few remaining industries that have not yet been significantly altered by the need to incorporate a digital technology strategy. Today, nearly all consumers — 97% — own a cell phone; 85% of those phones are smartphones.

But with everything we need at our fingertips, we run the risk of losing out on the personal touch that is so critical in healthcare. While technologies like artificial intelligence and machine learning are critical to the success of the digital healthcare experience, personalization remains the piece of the puzzle healthcare organizations cannot afford to lose as they work to implement a digital health strategy.

Because of its nearly ubiquitous nature, technology — like mobile apps, smartphones, and even desktop web browsers — can be the difference between a patient who is out of touch with their care team and one who feels heard and cared for at every step of their health journey.

But healthcare organizations and providers must consider the specific needs of each individual patient to ensure a personalized, equitable care experience for all patients. To do that, they must bring those people they want to reach into the design equation for any digital healthcare technology. Programs and services must be multimodal and meet people where they are leveraging the technology that they actually use.



Today, nearly all consumers — 97% — own a cell phone; 85% of those phones are smartphones.

In addition to making a difference at a health system level, expanding availability democratizes access to patient engagement care for underserved populations, leveling the playing field and ensuring all patients can receive the same care solutions as any other patient in their situation.

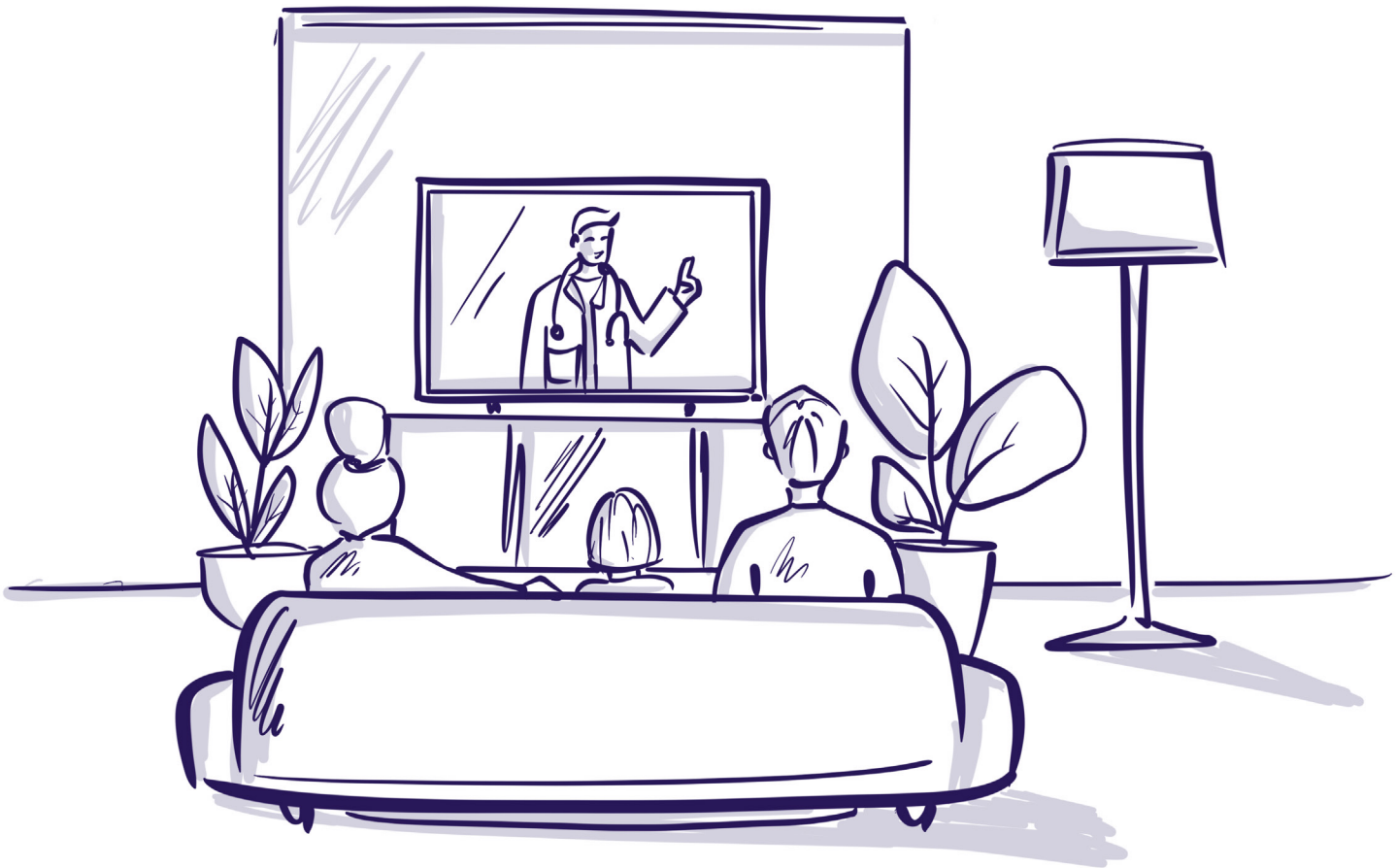
While patient-centric bring-your-own-device strategies certainly bring this enhanced patient engagement experience to health systems that might not otherwise have the resources to invest in smart TVs or other more expensive technology, forward-thinking organizations of all types and with any size budget should consider the benefits of such an approach.

Comprehensive digital patient engagement solutions offered on mobile devices provide a seamless experience for every patient and their family, personalized to their healthcare needs and reaching them across a full episode of care, as well as in between episodes. This enables organizations to reach a wider population while elevating outcomes and reducing unnecessary costs.

The journey to whole-person care

Historically, the U.S. healthcare system has centered on delivering acute clinical care. A person gets sick or hurt, and they arrive at their doctor's office or the hospital to receive treatment. The traditional fee-for-service reimbursement has rewarded this model of healthcare delivery, reimbursing healthcare providers and organizations for the type and numbers of services they provide.

But that model does very little to account for the patient experience. The recent and ongoing shift to value-based care is changing how many organizations consider their services, placing increasing importance on whole-person care and seeking to improve the overall health of an entire patient population.



The healthcare experience can be greatly improved when patient engagement solutions are leveraged to help people take an active role in their care. Digital patient engagement technology that guides people at every step of their healthcare journey, connecting them to the information they need, when they need it, results in better outcomes and creates a more equitable healthcare system for all.

Digital technologies also democratize the healthcare experience, enabling all patients to have a similar opportunity to engage with and participate in their health journey.

Implicit bias
A bias or prejudice that is present but not consciously held or recognized.

Avoiding bias

When implementing technology to address SDOH and other factors, it is important to ensure that the technology itself does not introduce implicit bias.

Bias could occur during development (if the technology relies on biased datasets) or during deployment of artificial intelligence and machine learning.

What can you do?
One of the best ways to prevent bias is to seek technology partners who can help you develop algorithms using representative data from the start and ensure they perform correctly for the target audience so as not to further drive inequities.

Bridging the digital divide with digital equity

Navigating the healthcare system can be complicated, even if resources are readily available. But if a patient does not have access to resources, the challenge is amplified. Innovation and technology — and the data that enables — can help make the care delivery system more accessible and easier to navigate.

Digital equity — itself driven by "digital determinants of health" — is the idea that unequal access to digital resources can have a very real impact on the health of individuals, and it factors directly into health equity as a whole.

Two key examples are access to broadband, something that impacts which populations can take advantage of things like telehealth services, and access to smartphones and smartphone data, which dictates whether apps can be helpful for healthcare needs.

To address digital equity, lower technology barriers, like automated, integrated text messaging and live chat, can help to engage patient communities not only at scale, but in a medium with which vulnerable populations are comfortable and to which they already have access.

While SDOH factors certainly have a significant impact on health outcomes, digital technology can help providers, payers, and healthcare organizations efficiently and effectively collect SDOH data to improve care delivery.

There have been tools designed that can help mitigate health inequities. Healthcare technology can help foster equal access, enabling underserved populations to reach care on a level that was not previously available.

However, there is a human element to technology that cannot be avoided; technology, while a great help, cannot solve these problems alone. Technology alone won't reduce barriers to engagement.

Deploying community-based navigators who are reflective of the communities and culture can help bridge important gaps in outreach to underserved communities and can help establish trust. Navigators can help screen people for SDOH and for mental health, referring them to services that are either part of the health system or that may be available in their communities. The navigator foundation is for all people but it becomes extremely important when trying to reach underserved populations.

Leveraging SDOH data to meet individual and population health needs

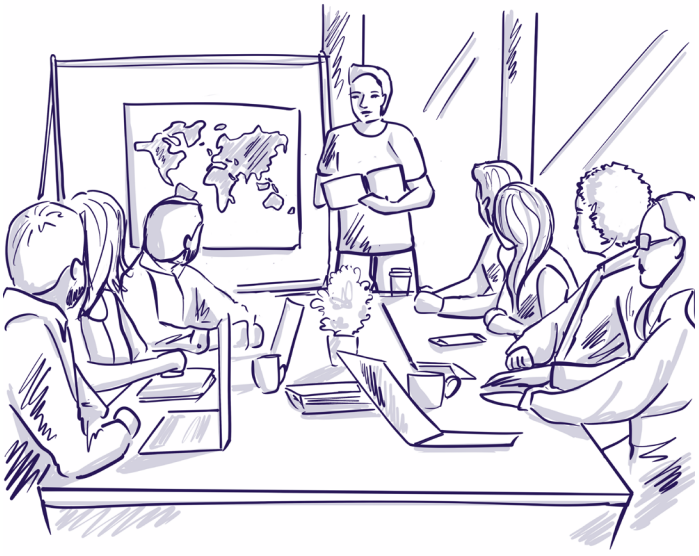
According to a *JAMA Network Open* article, digital technology that enables healthcare organizations to capture and analyze SDOH data can help advance health equity and improve population health by helping them identify underlying causes of health disparities.

"Place-based determinants of health" can help organizations determine if factors such as living in a food desert or over-representation of fast food establishments are associated with health risks such as type 2 diabetes.

The ability for healthcare systems and providers to connect with patients over time and build a 360-degree profile of each individual patient enables personalized care and helps deliver more equitable care.

This can include screening for SDOH, behavioral health needs, community needs, and personal preferences. The data collected can help build an understanding of where a patient lives and can inform whether they are at a higher risk from a SDOH perspective.

With a holistic understanding of who the individual patient is and what resources or services they need, a patient can be connected to the right resources, digital applications, clinical services, or community services at the right time. This could mean connecting them to a pediatrician, to a portal, to a food or housing service, or a doula program depending on their needs.



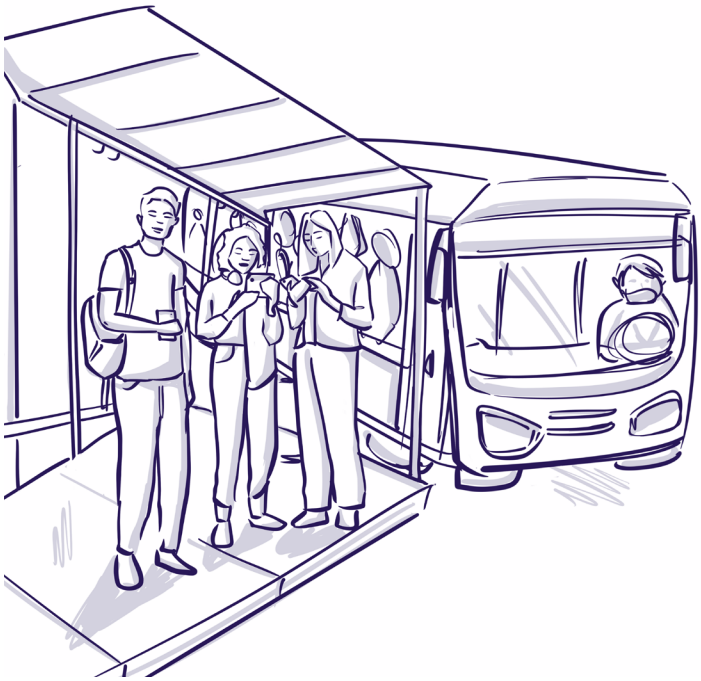
SDOH data can also be used to help drive business decisions. For example, if there is a significant number of patients screening positive for food insecurity, the health system can partner with and invest in organizations that are addressing food insecurity. Establishing those community partners is key to successfully addressing the evolving needs of all communities and especially in traditionally underserved communities.

By understanding and mitigating SDOH, healthcare technology providers can help bring about health equity for all patients.

Prioritizing health equity starts at “home”

Although there is no question that all health organizations believe improving health equity is important, getting leadership buy-in and engagement is critically important. But it’s worth it.

For any healthcare organization, a focus on health equity requires cultural and strategic buy-in from executives and alignment at all levels. No program or partnership will work well without leadership and support from the beginning.



Everyone within the health system has to believe in the mission, or they are likely to get distracted by the need to secure other outcomes. This is why having an advocate on the executive team or an engaging partner is so valuable. The right partner can help a system see what is possible and work together with those in charge to highlight a program’s successes.

The results speak for themselves — engaged patients, those that feel their needs are being both heard and met, are also those that begin to trust providers and seek out further care when needed, improving health outcomes on a patient and population level.

There is also a financial imperative to consider. Health disparities cost this country approximately $93 billion in excess medical care costs and $42 billion in lost productivity per year, according to the Kaiser Family Foundation. It’s not financially sustainable to continue to deliver care the way that it is right now. The cost of not addressing health equity is far more expensive than any line item in a program designed to advance health equity.

From improving health to lowering costs, an investment in health equity is an effort worth making.

For more information on how Get Well can help organizations of all kinds achieve the goal of health equity, contact us today.

Get Well

Get Well is a global digital health company with more than 20 years of experience improving patient engagement. Through partnerships with some of the most progressive hospitals and health systems in the world, we use digital technology to improve the healthcare experience for patients, their families, and clinicians.