OPRG | Atlantic Insights

The Intersection of Health Equity in Communities & Business Strategy: A Call-to-Action

Trends and insights based on a 6,001-person, four-country study, co-created and co-led by health equity experts closest to communities

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health

Centers for Disease Control and Prevention

September 2023

Executive Summary: The Business Case

Health equity is every company's business. This report – co-created by more than 25 independent multidisciplinary experts, Atlantic Insights and Omnicom PR Group (OPRG) – unveils data and pulls back the curtain to collective insights that help meet community needs and unlock business opportunities to advance health equity.

UP TO

70%*

OF DISPARITIES ARE DUE TO NON-MEDICAL DRIVERS OF HEALTH.[1]

World Economic Forum

This robust communities' data report unearths statistics and vital individual insights that break data silos to look through the lens of health inequities from those who experience it.

Our data demonstrates the extent of the problems on a global scale as well as specific challenges facing individual communities and countries. This report is a comprehensive examination of the lived experiences of people in diverse communities when accessing healthcare in the US, UK, Germany and Spain. Data pulls back the curtain to five key themes and takeaways that we'll explore in the coming months and in 2024.

We have a deeply flawed past with health equity. Trust is lacking. Healthcare isn't healthy. Businesses that adopt a health equity lens are central to closing health equity gaps. Together, we must listen harder and better and commit to understand, empathize, collect data, talk to communities and act. A co-creation team spent myriad hours over the past year designing health equity survey questions and examining data. Designing survey questions took vulnerability and authenticity among survey advisors to connect with one another, let down guards and get to work. These insights give us the opportunity to bridge gaps in communication by speaking through the lens of communities' own values to earn trust and build real connection.

Data Unearths Five Key Themes

1 **Discrimination** remains a pervasive issue in healthcare systems globally, with a significant number of respondents reporting experiences of discrimination based on their age, weight, race or ethnicity, gender, finances, religion or faith, and sexual orientation or identity.

2 **Broken trust and not feeling safe** in the healthcare system is a global phenomenon. Broken trust refers to the ability of actors (healthcare providers) in the health system to understand their patient populations, connect to patients in a meaningful way to produce better health outcomes and solve problems beyond treatment and care.

3 **Community engagement** is essential to healing broken trust and promoting health seeking behavior via meaningfully and actively bringing trusted community leaders such as the faith-based community and community healers into the healthcare ecosystem to implement health promotion and education, as well as retention to care and treatment.

4 **Digital divide** is a global trend, such that the combination of the internet and social media are the two most frequently used methods for obtaining health information, for themselves and/or their families.

5 **Lack of emotional intelligence and connection** are top of mind globally. When looking for healthcare providers, people look for values such as trust, understanding, compassion, respect, competency, and empathy. Communities in different geographies differ in what they value emotionally, and as communicators, our language must reflect values.

Three in four healthcare professionals and providers agree and expect the pharma industry to be part of solving the health equity problem.[2]

Contents

The Business Case

"There is a strong business case for private sector engagement in health equity that spans beyond shifting investor expectations and a moral imperative to business metrics such as revenue, unlocking new customer audiences, customer retention and employee satisfaction," says Terri Jackson, Partner, Rabin Martin, part of OPRG. "Our team is excited to modernize how the private sector engages in global health equity."

"A laser focus on health equity is not charity or philanthropy, it's a business imperative and revenue driver that, if not addressed, has serious business ramifications," said CEO Reggie Ware, BlackDoctor.org (BDO) and a data design and report advisor.

Data shows humanity, care has everything to do with it

People face inequities in health status or in the provision of health care resources. Getting it right starts with listening and deeply understanding the values people in diverse communities hold. Global data reveals character traits that are most important to communities, and importantly, how values vary depending on geography, gender, age, and other key factors. As communicators, our language, tone and approach must reflect communities' own emotional values. Factors that influence disparate healthcare are gender, sexual and gender identity, race/ethnicity, physical and mental disability, and the environments in which we live, work and play.

> "Black people are often seen as a monolith. There are many things that connect Black people including shared customs, norms, food and language. While discrimination and racism is global, it is important to analyze how Black communities have vastly different experiences and require unique approaches to engage.

Valarie Clark, MPA, SVP, Health Equity at Ketchum

Our health systems need to be grounded in humanity, treating people who work within it humanely, and serving us all as whole people.

Our data shows a significant lack of connection between the healthcare system and other resources that can impact health access and outcomes. In fact, our findings suggest that the majority of communities have never been referred to such resources.

We need to care about communities and earn trust by listening and involving communities along the way as we act. Language matters. As communicators, it's one thing to know what we want to say—and it's another thing to know how to communicate in a way that is truly heard.

> "What would it look like if practicing medicine was grounded in self-love instead of self-sacrifice?

Omolara Thomas Uwemedimo, MD, MPH

Organizations and people who contributed to data design and/or served as report contributors include BlackDoctor.org (BDO); WebMD's chief medical officer; Rutgers Institute for Corporate Social Innovation (RICSI); Rutgers School of Public Health; Global Healthy Living Foundation; Africa Advocacy Foundation; Tigerlily Foundation; Community Health Worker Coalition for Migrants and Refugees; Uché Blackstock, MD, CEO and founder of Advancing Health Equity; Donna Futterman, MD; social media medical educator/medical student Joel Bervell; Julius Johnson of Greater NYC Black Nurses Association; Bryan O. Buckley, DrPH, MPH, MBA, director of Health Equity Initiatives at NCQA; community engagement experts from the U.K., Germany, Spain and U.S.; disability and LGBTQIA+ community experts; and more.

Data grounded in principles

Our data is grounded in important guiding principles:

- Independent community advisors led this research.
- Trust is earned – not built – and earning trust takes time, respect, empathy/intersubjectivity, cultural humility and competence and care.
- Data with long-term focus and commitment to continue dialogue and act/solve.
- Commitment to ask more "why" questions." If not careful, businesses run the risk of not fully understanding the real problems to solve if we don't ask why?
- Progress, not perfection.
- Understand how to support healthcare professionals and health providers.
- Data for increased understanding & data for better questions.
- Understand unique lived experiences and how best to speak through the lens of communities' own values to build connection.

> "The missing piece of social determinants of health is information. People connect but also information connects... if you have better information, you're going to have better health.
>
> John Whyte, MD, Chief Medical Officer, WebMD

According to Professor Sir Michael Marmot, Professor of Epidemiology at University College London, Director of the UCL Institute of Health Equity, and Past President of the World Medical Association, "The pandemic has taught us all that wealth and health are not in competition with each other but should be mutually supporting. Businesses with a strong social purpose that work to support health will benefit from a strong economy and a more productive workforce and appear more attractive to customers, clients, new employees, and investors. It's only recently that companies have begun to consider the role they should play in health equity." Professor Sir Michael's research shows that the key drivers of health inequality aren't the things you might find in hospitals or surgeries. They are the conditions in which people live, grow, work, and age – known as the social determinants of health.[3]

Uché Blackstock, MD, CEO, Advancing Health Equity and a MSNBC contributor, and author of LEGACY: A Black Physician Reckons with Racism in Medicine," (Jan 2024) says, "Health outcomes are most strongly influenced by where people live, work, and socialize. For this reason, it's critical for all health professionals to understand how upstream factors, like systemic racism, poverty, housing, and education can impact the health status of their patients, if they are to provide the most equitable and culturally responsive care."

According to Maimah Karmo, President and CEO, Tigerlily Foundation, "In underserved communities across the globe, life issues and financial barriers change over time and often. The solution is their ability to be empowered and act for their health, but they can't unless changing personal priorities are safely and sustainability addressed by patient organizations and philanthropists who care deeply about their right to a healthy life."

At-a-Glance Data

Five Themes Unearthed

Thank you to our academic advisor, Dr. Jeana Wirtenberg, Executive Director, Rutgers Institute for Corporate Social Innovation (RICSI) at Rutgers Business School, who states:

"As one of the most diverse universities in the United States, and an academic advisor to OPRG, we are committed to leveraging this robust data set to help businesses and our students - our next generation - understand what communities need to help solve health inequities, and then act on it."

Descriptions of non-white in the data:

For US respondents, non-white includes: Hispanic, Latino, or Spanish origin (Examples: Mexican or Mexican American, Puerto Rican, Cuban, Dominican, Salvadoran, Colombian, Mena); Black (Examples: African American, Jamaican, Haitian, Nigerian, Ethiopian, Somalian); Asian (Examples: Chinese, Filipino, Asian Indian, Vietnamese, Korean, Japanese); Indigenous (Examples: American Indian, Samoan, Guamanian or Chamorro, Tongan, Fijian, Alaska Native).

For UK respondents, non-white includes: Black, Black British, Caribbean or African (or any other Black, Black British, or Caribbean background); Asian or Asian British (Examples: Indian, Pakistani, Bangladeshi, Chinese, or any other Asian background); Mixed or multiple ethnic groups (Examples: White and Black Caribbean, White and Black African, White and Asian, or any other mixed or multiple ethnic background).

For German respondents, non-white includes: Deutsch mit Migrationshintergrund; Anderes EU Land; Türkisch; Syrisch; Kasachstanisch; Einer anderen ethnischen Gruppe.

For Spanish respondents, non-white includes: Moroccan (or any other North African background); Turkish; Asian (Examples: Chinese, Indian, Southeast Asian, or any other Asian background); Latin American (Examples: Ecuadorian, Colombian, Bolivian, or any other Latin American background).

THEME 1

Discrimination

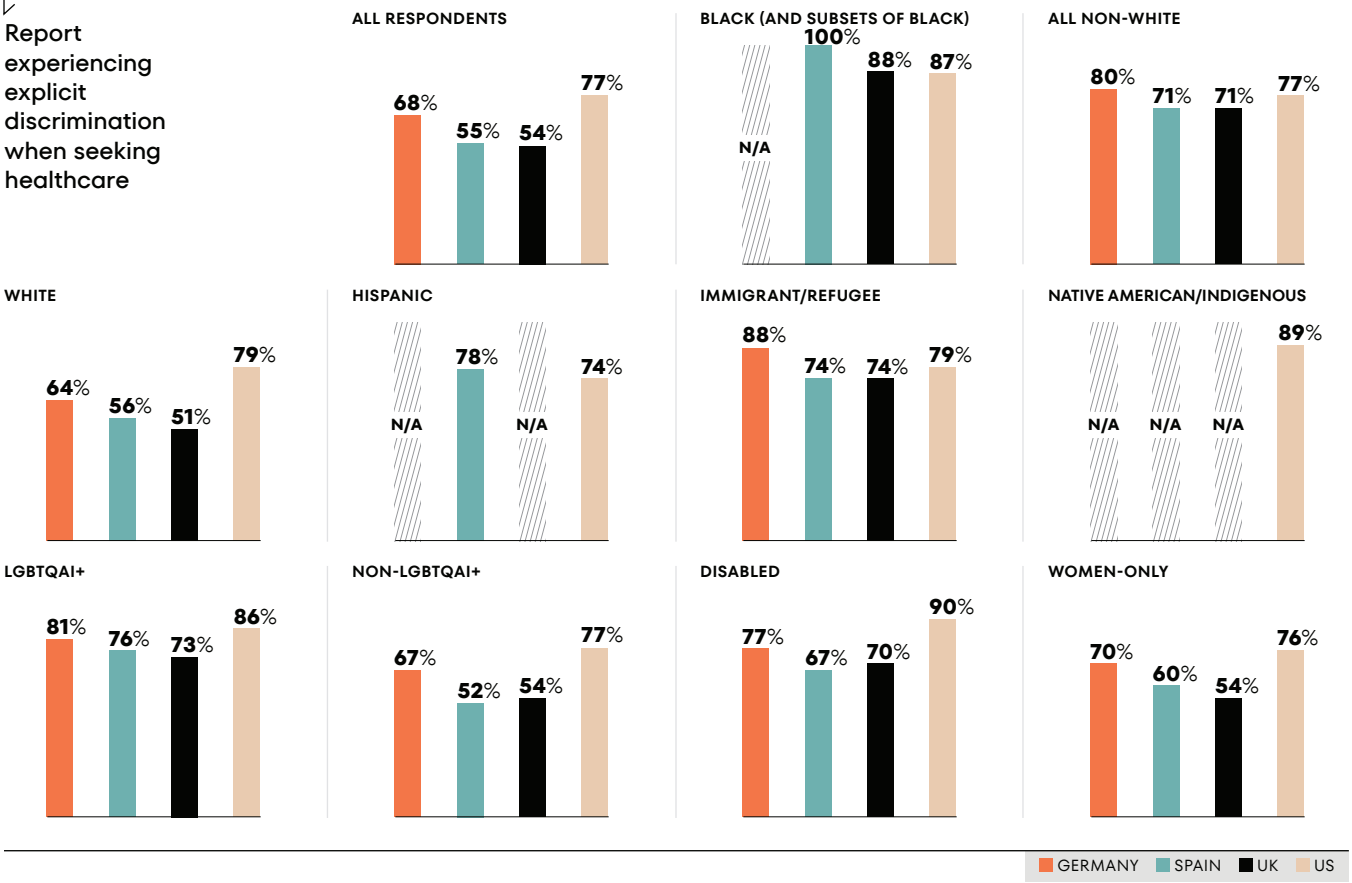
Discrimination remains a pervasive issue, with many respondents reporting experiences of discrimination based on their age, weight, race or ethnicity, gender, finances, religion or faith, and sexual orientation or identity.

Key Takeaway: We must do more to eliminate bias and stigma. An "equity intervention" strategy map (a concept developed by Porter Novelli) is a good first step for putting beliefs and unconscious bias of health equity into action. Equity intervention takes a company's holistic view of healthcare with the social determinants of health at the center. It clarifies and harmonizes the distinct needs of stakeholders and differentiates with authenticity.

a. More than 60 percent (62%) of all respondents report experiencing discrimination when seeking healthcare.
b. However, the experience of explicit discrimination is more pronounced among non-White, LGBTQAI+, and immigrant communities.
c. The most common sources of discrimination identified by respondents were age (20%), body size or weight (19%), and race/ethnicity (16%).

Data includes age, gender, sexual orientation, race or ethnicity, religion or faith, finances, social class, disability, body size or weight, where living (urban, suburban, rural, village, frontier), education and employment.

Report experiencing explicit discrimination when seeking healthcare



"Doctors need to be empathetic towards all patients." — UK respondent

"It should go without saying that everyone needs to be treated with compassion, respect and dignity, but unfortunately, what you look like, where you live, and how much money you have could determine your quality and access to care," said Deidra L. Johnson, Porter Novelli Justice, Equity, Diversity and Inclusion Advisory Services Practice Lead. "Everyone should find their own unique "equity intervention" and play a role in ending health disparities."

A survey advisor, Nia Patterson, an artist who designed tissue box designs to support mental health says," As a fat, Black, Queer, non-binary person in America currently, it is important to note that almost all of my health and well-being is directly tied to my identities in the world. Oftentimes, I receive inadequate or inappropriate healthcare services due to being fat or a Black person seeking medical care. Being able to add into this health equity report the understanding and equitable treatment of people within these marginalized identities was life-changing for me, and so very, very important for other people in bodies like mine."

THEME 2

Broken Trust

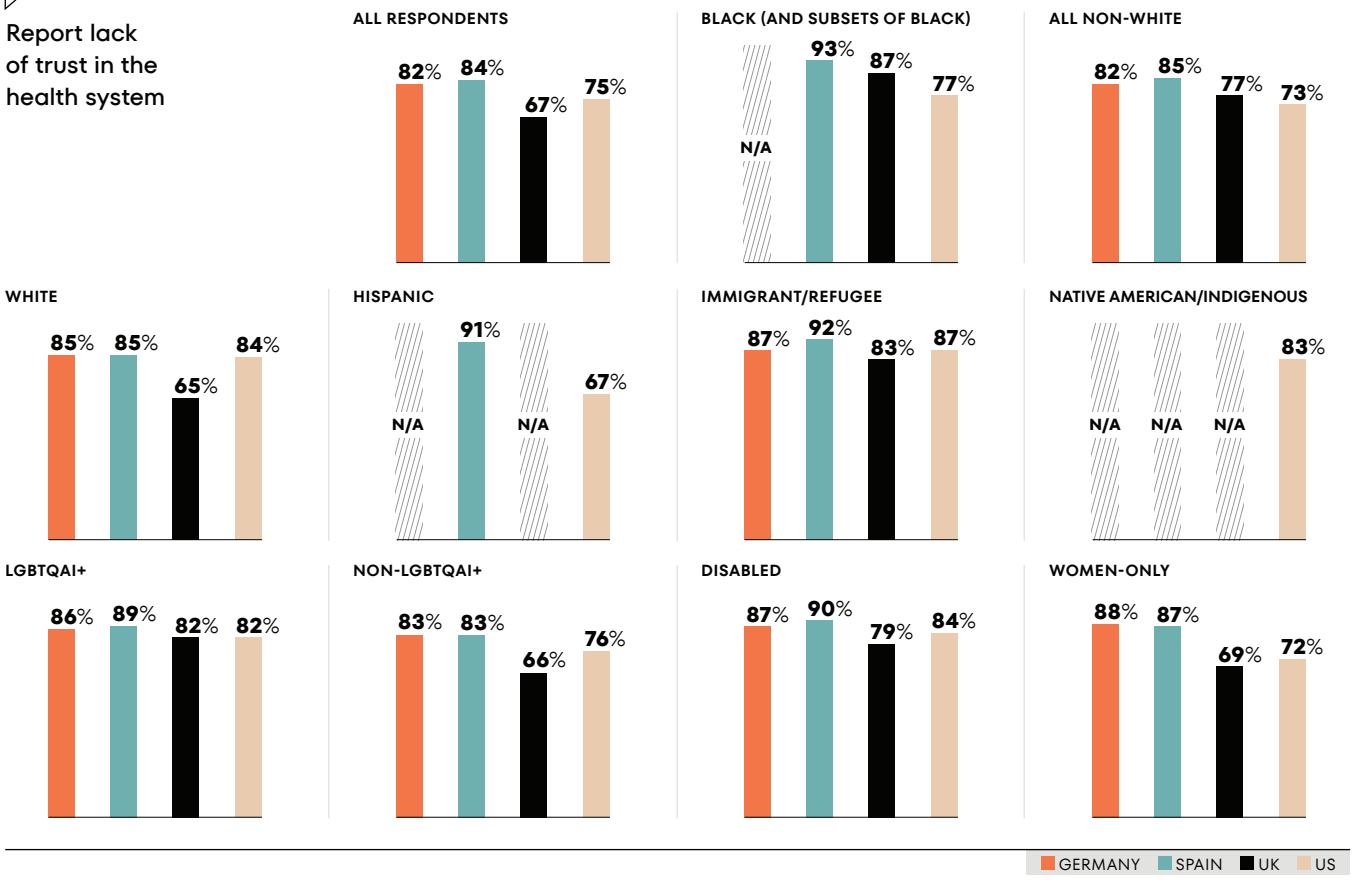
Nearly 80% of all respondents reported having lost trust in a healthcare provider or medical facility because of how they were treated.

Key Takeaway: Understand reasons behind the distrust and meaningfully engage, listen and help. Become their partner. Show efforts behind clinical trial recruitment, more diverse doctors, easier to digest information in places communities are, etc.

a. Nearly 80 percent (77%) of all respondents report lack of trust in the healthcare system. Reasons for lack of trust include ability of healthcare providers in the health system to understand their patient populations, connect to patients in a meaningful way to produce better health outcomes, and solve their problems beyond treatment and care.

b. However, this lack of trust is more pronounced among non-White, LGBTQAI+, and immigrant communities.

Report lack of trust in the health system



"Without any sort of understanding or empathy, a doctor doesn't earn any trust from me, the patient." — Spanish respondent in Spain

"My father has cancer and was sent around for three months and referred to different doctors. He was only advised to take painkillers. The cancer was only discovered after three months." — German respondent in Germany

Data shows:

- Respondents are "most likely "to have lost trust in a healthcare provider or medical system because they did not listen to them (61%)
- Respondents are most likely to restore trust in a healthcare provider or medical system because they feel heard (53%)

"I'm a health provider and admittedly, our arrogance to ignore the power of community has broken the health care system. Our patients are called by their diseases, and we forget environmental and social determinants — which are true barriers to their healing and recovery," says Maria Ponce-Gonzalez, MD, MPH/Founder/Executive Director of Community Health Worker Coalition for Migrants and Refugees.

THEME 3

Community and Civil Society Engagement

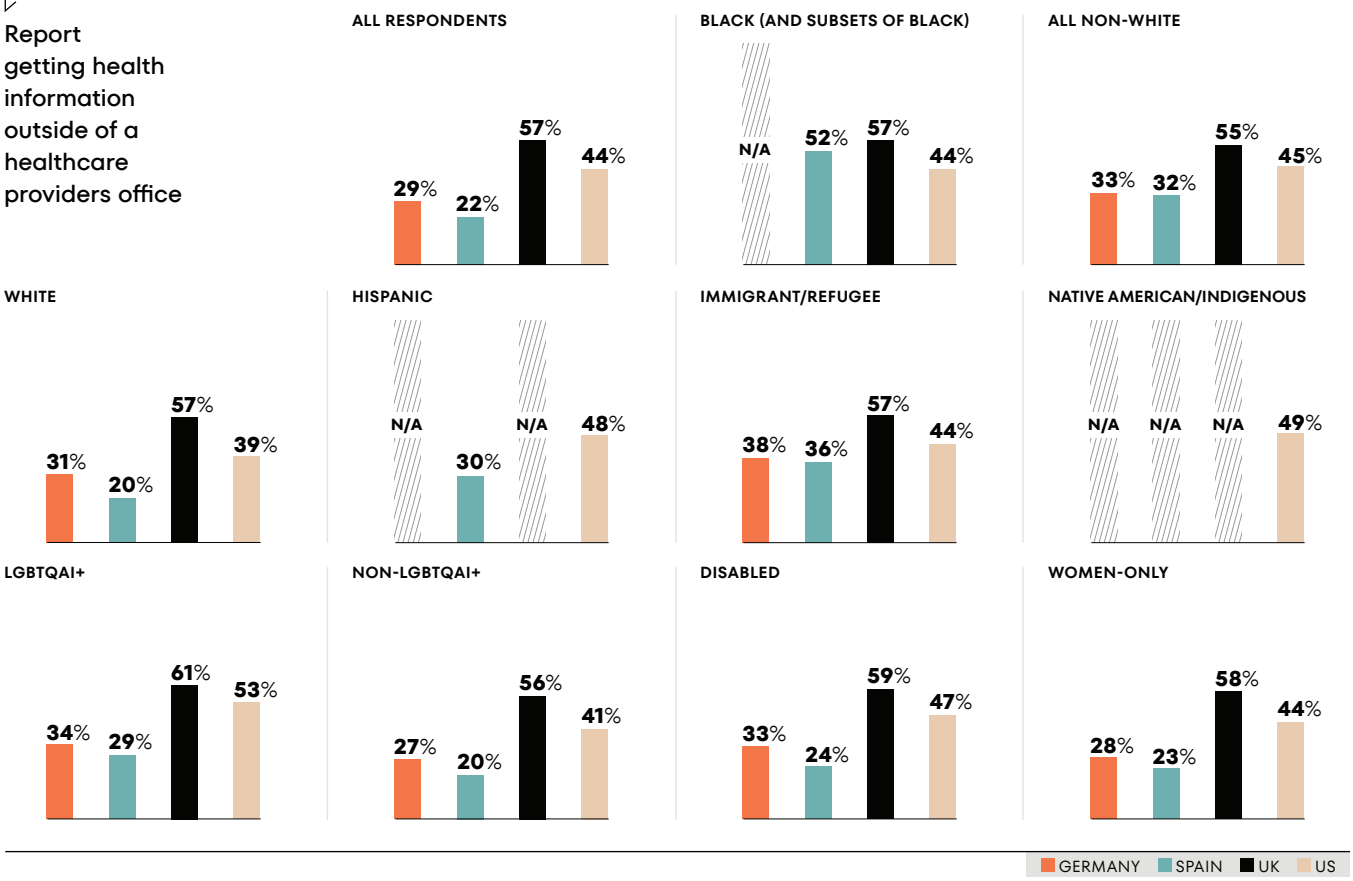
We should expand our definition of a community health worker. It's the people of influence in communities' lives who serve as community health workers," says Chelsea Bellon, Health Equity and Community Engagement Specialist, Western Montana Area Health Education Center. "Western medical systems should recognize that as Native Americans, we can and should lead our people with assistance and tools of Western ways. We need to recognize a system where reciprocity exists."

Key Takeaway: Communities ideally become equal partners to listen and respond to unmet needs. We seek to understand and incorporate feedback to co-create solutions.

a. Nearly 40% (38%) of respondents report seeking healthcare information from sources outside a healthcare provider's office. Some seek out faith-based community, community health workers and community healers.

b. Health seeking behavior outside of a healthcare provider's office is more pronounced among non-White, LGBTQAI+, and immigrant communities.

Report getting health information outside of a healthcare providers office



"In order to truly address health equity globally, faith leaders must have a seat at the table. Within their respective communities and congregations, they are viewed as the most trusted resource. These men and women have the ability to not only bring individuals together but also communicate vital information based on data in collaboration with local health professionals. With faith leaders as community partners and conduits for important conversations, we will see a shift in health disparities and thus more equitable and positive health outcomes," said survey advisor Elizabeth Hart, founder, Hart to Heart, LLC.

"We need better accessibility by phone (not just via e-mail) and better information about results from the doctors themselves — not to mention better communication overall." — German respondent in Germany

"We need to let the community be more aware of services and allow them to keep asking questions in order to get the information we need." — US respondent

THEME 4

Digital Health

Data shows that the combination of the internet and social media are the two most frequently used methods for obtaining health information, for themselves and/or their families. According to WebMDs Chief Medical Officer John Whyte, "HCPs who don't use AI will be replaced by those who do."

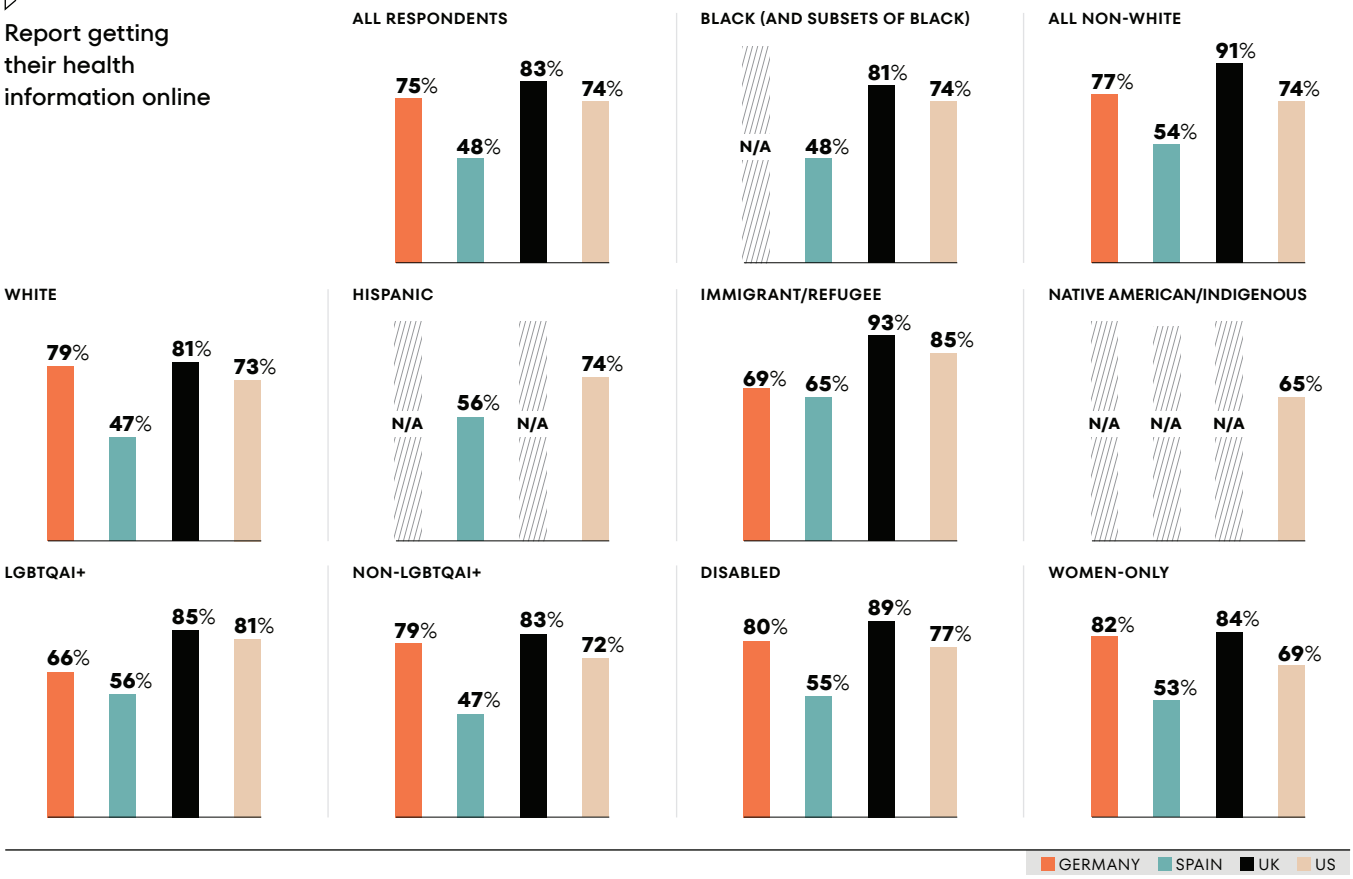
Key Takeaway: While AI was not part of this survey, digital health needs to include AI solutions to recognize diversity and consider empathy.

a. Globally, 70% of respondents report seeking healthcare information online.

b. However, there are differences among groups. The digital divide is more pronounced among non-White, LGBTQAI+, and immigrant communities.

It is important to note that digital literacy can be improved by educating people on how to use technology, giving people confidence and providing access to digital technology for people who don't have the budget to access the internet at home.

Report getting their health information online



"It is faster and more effective for me to go online to find the answers I need." — Spanish respondent in Spain

THEME 5

Emotional Intelligence and Connection

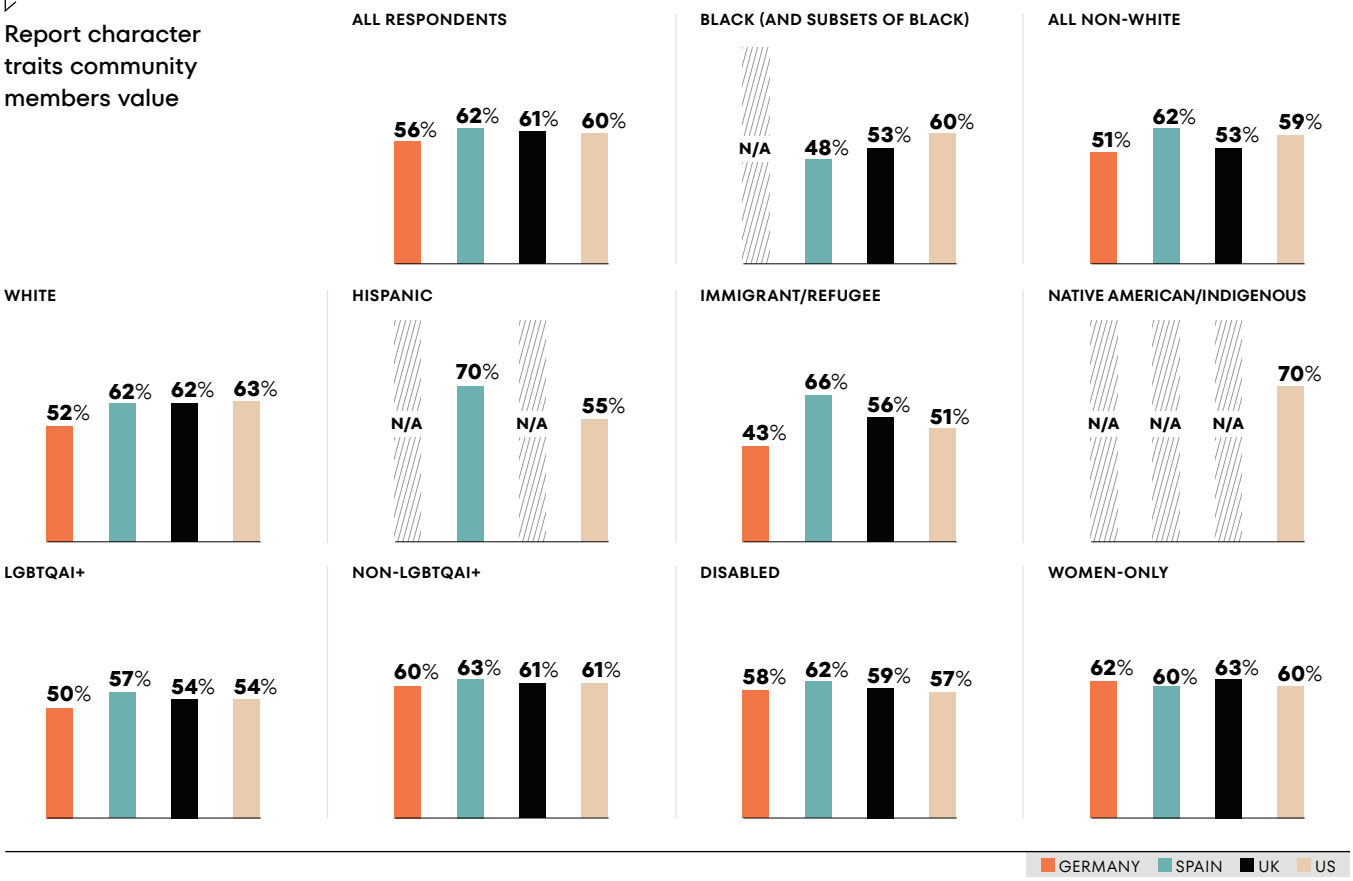
When looking for healthcare providers, our research shows people look for character traits such as trust, understanding, respect, compassion, competency and empathy. What is interesting is that traits vary depending on geography, age, race, ethnicity, ability status, gender/sexuality, and migrant/refugee status. More than half (56%) of respondents feel they have not received a helpful connection with a healthcare provider and other support, such as help with finances, housing, food, transportation or mental health.

Key Takeaway: As communicators, we must understand character traits important to communities and respond accordingly.

a. Communities who experience health inequities want to experience understanding, respect, compassion, trust, cultural competency and empathy with their healthcare professional.

b. Global data reveals communities differ in what they value emotionally in health equity. As communicators, our language, tone and approach must reflect communities own emotional values. As communicators, we must respond.

Report character traits community members value



Countries At-a-Glance

Profile Reports

According to Daniel I. Hernandez, MD, Director, Medical Affairs and Hispanic Outreach, Global Healthy Living Foundation

"These insights provide valuable information for healthcare professionals, policymakers, and nonprofit organizations, as they work to improve healthcare equity across diverse communities. It is essential to consider these differences when developing and implementing strategies to address health inequities, ensuring that interventions are tailored to each country's unique needs and challenges. By addressing these key areas, we can make significant strides toward achieving optimal health and well-being for all."

Communities within Germany

With many first-generation immigrants, Germany's healthcare system has had to make rapid adaptations to accommodate.

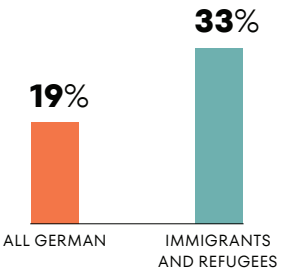
Immigrant and refugee communities within Germany access and respond to healthcare differently than native German populations, though.

Cultural Humility and "I want my doctor to look like me" (cultural matching) is on the rise: More than anything, immigrant and refugee communities within Germany want to see practitioners who share a similar cultural background.

INSIGHT #1:
Immigrants and refugee respondents were nearly twice as likely to have lost trust in a healthcare provider because they **were not connected to those who share or understand their background and culture.**

Have you ever lost trust in a healthcare provider or medical facility because of something they did?

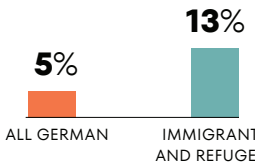
Did not offer providers who share or understand my background and culture



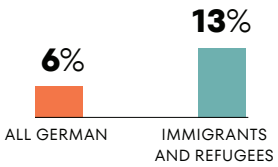
INSIGHT #2:
Immigrant and refugee communities' need for common ground and shared backgrounds remained a theme throughout our research.

When I'm looking for a healthcare provider, I look for _____.

Cultural match - A provider who is from my culture or a similar culture



Cultural humility - My provider learns and understands my background

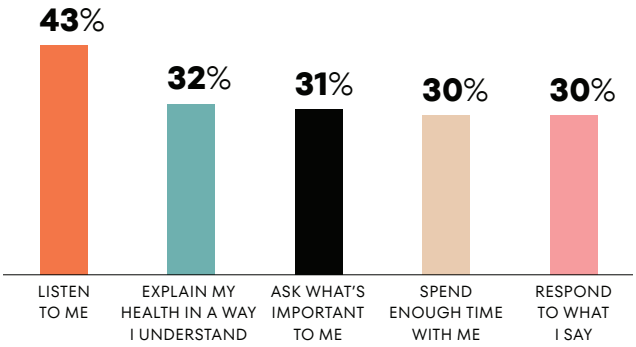


TAKEAWAY:
As the immigrant and refugee population grows in Germany, so does the interaction with the healthcare system.

But beyond cultivating more representative healthcare talent pipelines for the long-term, Germany can address short-term needs to meaningfully engage immigrant and refugee communities:

What are the best ways for healthcare providers or facilities to earn your trust?

Immigrants and Refugees



Sample size: 159 German immigrants and refugees

Communities within Spain

Some recent progress has been made to help Spain's Roma, gypsies communities with access to healthcare.

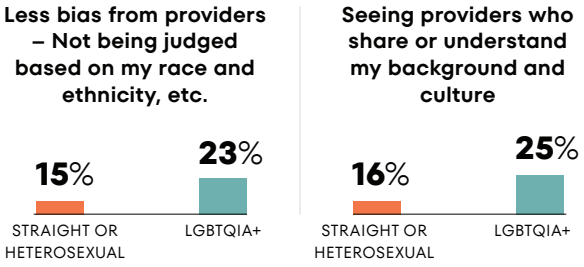
*Note: the term gypsy is commonly used in Spain and not acceptable in other countries

INSIGHT #1:
As we see throughout our report, differences across and within communities throughout Spain were very pronounced, particularly around matters of bias and discrimination.

In particular, the LGBTQIA+ community in Spain noted bias against them from healthcare professionals at a much more frequent clip compared to their heterosexual counterparts.

Moving forward, the LGBTQIA+ community in Spain is very clearly committed to reversing the detrimental patterns of care they've encountered in the past.

From this list, select up to 5 items that would improve your healthcare experience.



INSIGHT #2:
Encouragingly, 73% of Roma community respondents indicated that they have been **connected to helpful support by their healthcare provider**, including support for finances, housing, transportation or health insurance.

Meeting Communities Where They Prefer to Meet:
While the Roma community may receive connections to other resources outside of healthcare, getting the Roma community to the examination room remains a challenge.

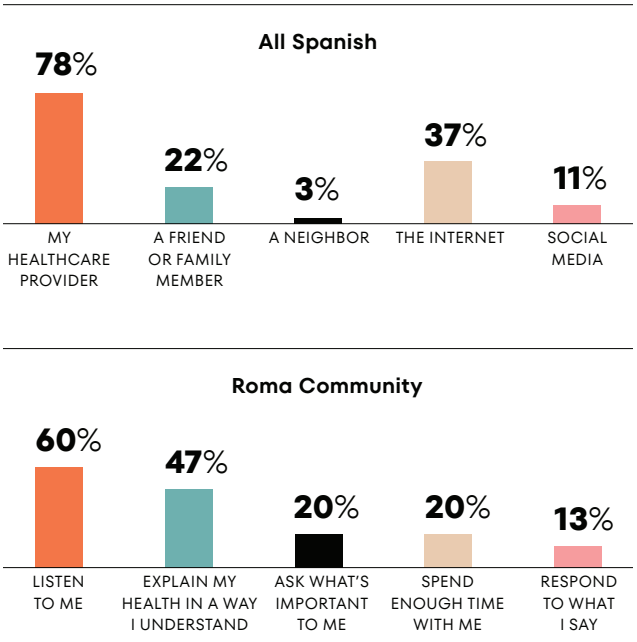
While other groups rely on the internet for healthcare information, the Roma community is a notable exception.

INSIGHT #3:
Roma respondents were **6x more likely to report lack of internet access** as a primary barrier to accessing proper healthcare.

INSIGHT #4:
In the absence of internet access, the Roma community is still more likely to get healthcare information from nontraditional sources rather than healthcare professionals.

Where do you go to learn about general health information?

TAKEAWAY:
Overall, we need more humanization. We need to collectively identify and systematize new ways to identify unmet needs, reach the Roma community and offer resources.



Communities within the UK

In the UK, non-white communities indicated notably different emotional needs when engaging with their healthcare providers. While on the whole, "trust" remained a consensus priority, nuances emerged.

Emotional Needs Vary Across and Throughout Communities: Black, Black British, Caribbean or African respondents were twice as likely to rank "feeling safe" as their foremost emotional consideration when seeing their healthcare providers versus the white community.

Asian or Asian British and mixed race or multiple ethnic groups were three times as likely to rank "fairness" as their foremost emotional consideration when seeing their healthcare providers versus their white counterparts.

INSIGHT:
Non-white British respondents were twice as likely to rank "feeling safe" and "fairness" as their top emotional needs versus their white counterparts.

When I'm looking for a healthcare provider, I look for _____.

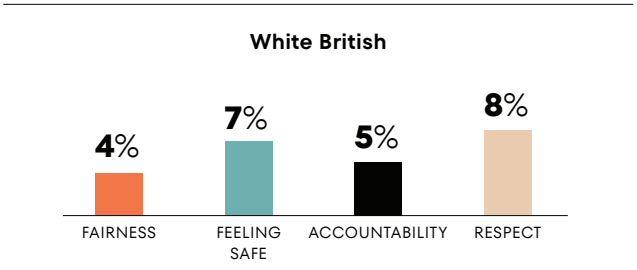
(% of respondents to rank each characteristic or trait #1 among all possible selections)

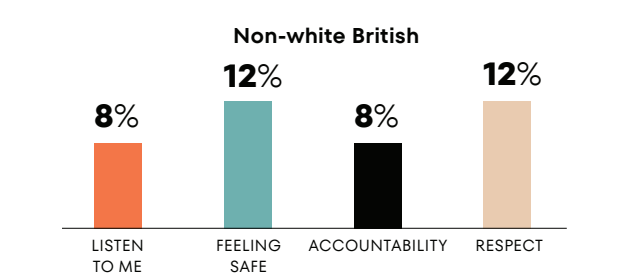
Dr. Peter Chan, Research Fellow, University of Oxford, says, "Health equity is a highly complex issue. The lived experience of patients, especially disadvantaged population subgroups, is even more complicated, and it is no easy task to ascertain that properly. The five major themes identified in this Report captured some vital elements that warrant more attention from both healthcare providers and policymakers. It also calls for more in-depth investigation into the actual health impact associated with the perceptions and experience highlighted in the report."

According to Dr. Gwenetta Curry, Reader in Race, Ethnicity and Health, University of Edinburgh, "Discrimination has been one of the major barriers to accessing healthcare around the world. This report demonstrates that difference be it racial, sexual orientation or national origin continues to block the optimal health of minorities throughout the west. A key finding is that anti-blackness is not only an American problem but a global phenomenon that targets and lessens the life chances of Black people despite their location. To adequately address health inequalities action must be taken to reduce bias."

According to Dr. Maxine Mackintosh, a data scientist in health equity from Alan Turing Institute, "It's fantastic to see health equity rising up national agendas, now spilling over from the third and public sectors, into the private. As this report highlights, making health equity a central focus of care provision strategies and research, underpinned by linked data, all enabled by trust-earning and tailored approaches is essential. With such ambitious calls to action, it is now up to the community to collaboratively surface and co-produce *how* we might achieve these. What are we waiting for?"

TAKEAWAY:
Feeling safe and fairness are important to community members. The data variance both across and within communities must remain a focal point as we seek to build more meaningful and lasting relationships in healthcare.



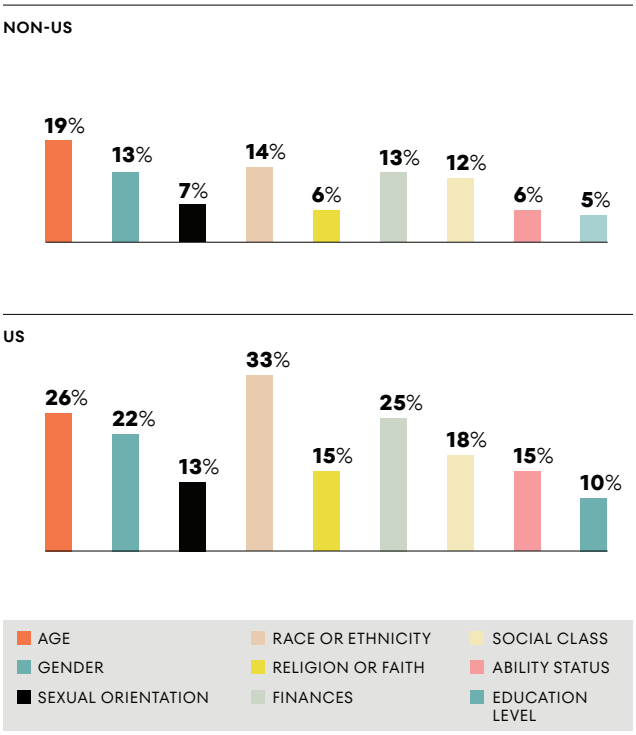


Communities within the United States

Overall, communities in the US experience discrimination in healthcare more profoundly than any other surveyed country.

INSIGHT #1:
US respondents were **+13%** more likely to report experiences with discrimination in healthcare compared to the next closest country, **Germany**, and as much as **+43%** compared to their **UK** counterparts.

INSIGHT #2:
Discrimination based on a variety of factors was more prevalent among US respondents than their European counterparts.



IN THEIR WORDS:
When asked:

"If you could make any changes to your health system or health center to make it work better for you, what would it be?"

US respondents said:

"

I want to feel less bias.

I want to be respected and treated fairly.

I want less bias in the workplace.

I feel discriminated against based on my weight.

TAKEAWAY:
In the US, we must examine the language we use when communicating with community members to reflect the values that are important to community members. It is advised to co-create with community members earlier and throughout. Meet people where they are physically, emotionally and mentally. Ask more "why" questions. Think of community health workers as an audience.

According to survey advisor and disability expert Andrea Jennings, M.Mus, Accessibility, Health Equity, and Workforce Retention Strategist, "Recognizing that 1.3 billion individuals (¼ of the global population) worldwide are disabled and acknowledging the intersectionality of disability with all demographics is imperative for providing tailored care and comprehending its impact in researching effective methods to address healthcare inequity. It sheds light on barriers to equitable healthcare access, making it essential to include disability and intersectionality in all relevant studies."

"Health inequities will persist and expand unless the fundamental causes, based on systems of privilege, are readdressed," said Dustin T. Duncan, ScD, Associate Dean for Health Equity Research & Associate Professor of Epidemiology, Columbia University Mailman School of Public Health Founder and President, Dustin Duncan Research Foundation. "This comprehensive report demonstrates that prioritizing community in research and practice will help in efforts to address inequities in health."

Survey Advisors Offer Insights

According to Kavin Shah, MD, MPH, Executive Director, Healthcare Medical and Corporate Strategy at Marina Maher Communications, "Healthcare delivery isn't a one-size-fits-all fix. To tackle the unique needs of countless diverse communities worldwide, community involvement and teamwork take the spotlight. That's why we're strong advocates for public-private partnerships, as we blend our healthcare communication knowhow with the insights of organizations deeply attuned to local requirements, such as the ProVention Health Foundation and the NACDD. Together, we're delving into the very origins of health inequalities."

Go to Them (Communities)

The most common survey response from all community members was "listen and understand who we are." Feeling seen, understood, heard were the most important feelings that either earn or lose trust.

It really comes down to listening to and then engaging with those affected communities. Targeted outreach from institutions to affected communities helps build understanding of priorities. What are health issues people in communities face or obstacles to accessing healthcare? It is not the communities' job to come to us, it's our job to come to them. For example, in maternal health and reproductive care, we need to reach those in emergency rooms - which is where young women often seek medical care, and with the right information and language.

> "Language matters, and it's easy to get it wrong, so we must hold space and communicate how people will hear it.
>
> Sachi Pettit, Vice President, Maslansky + Partners

Systems Change: More Time with Doctors

WebMD's Chief Medical Officer John Whyte, MD says, "Efficiency is not based on listening. Efficiency in most health systems is based on time. Can I see more patients? That's the problem, the metrics for efficiency. We have to create an environment where doctors are able to spend more time with patients. We also can help patients understand based on health literacy to improve that, how they can have the conversations with the doctor, how to ask questions, how to bring up what's important to them. I don't do typically, how are you feeling today? Because it's almost perfunctory. Fine, how are you? Fine. People don't say that. If you say to them, "How did you sleep last night?" Patients will tell you. That opens up a conversation."

Dr. Whyte continues, "If we're going to create greater conversation and allow physicians to be better listeners, we have to give more time during the office visit. "We have to create an environment where doctors are able to spend more time with patients to fully address the complex issues. The visit has become rushed, and I want to discuss all the personalized data they are collecting at home. That takes time to review and discuss."

Listening takes practice. Active listening involves hearing what people say and pausing, while also paying attention to non-verbal cues, asking clarifying questions, and showing genuine interest in concerns.

Connections Build Health

"Meaningful involvement of people with lived experiences in decisions that affect their health can go a long way to promoting health equity," said Denis Onyango, survey advisor, Board Member, European Public Health Alliance, Program Director at Africa Advocacy Foundation.

Nearly 90 percent of Black people in our survey request doctors to understand, be culturally sensitive and empathetic.

Ask Why? More.

Digging deeper in our conversations with people helps us meet them where they are emotionally. Ask:

Why don't you feel well? Why didn't you take your medicine? The answer may surprise you: "Because it makes me have to go to the bathroom, and I'm nervous because I drive a bus for work and I don't have time to stop."

If a healthcare professional hadn't continued to ask "Why?" assumptions could be made and the patient is labeled as "non-compliant," which stays in their medical record. System fail!

"Marginalized & Minorities" Have No Place in Our Language

There is not one perceived race or ethnic leader. When we omit these words from our vocabulary, new thoughts will arise. Also, the term "white paper" was purposefully not used for this Report.

> "Health equity is every company's business regardless of what sector or country you are in. Leaning in on health equity means building trust and exploring new opportunities to meet the needs of employees, patients, customers and community members in our vibrantly diverse world.
>
> Thomas Bennett, SVP, Health Equity, FleishmanHillard

Community Members as Leaders

Invite community members to leadership positions and on boards to make decisions or provide feedback throughout the process. Potentially, community members can help write, create programs and bring in their own community partner.

Teach How to Lead Families' Health

Show people in communities how and what they need to do to lead in good health. Guidance should be clear, easy to understand and actionable. Provide clear direction on what to look for and what to do.

For patients to engage in good health, it is best to present it in a culturally relevant environment or experience. According to Julius Johnson, MD, Board of Directors, National Black Nurses Association and a leading NYU nurse educator, "We can't simply say to members of communities, "work out" – we have to teach, offer space, tools and education. Conversations about health are happening at barber shops, churches or faith-based environments and community fairs."

History is Our Compass – Dispel Myths

Appreciating history of lived experiences will make us strong communicators and smarter. Social media medical educator/medical student and survey advisor Joel Bervell became angry. Sad. Disheartened. Confused. But he knew he wanted to do something to effect change. So, he used TikTok and Instagram to educate audiences about systemic racism and the racial disparities that he had seen in medicine and now he leads on LinkedIn. Joel Bervell says, "My goal is to discuss health disparities in an easily digestible way, bust medical myths, and tell the untold stories of race in medicine. What has meant the most to me are the hundreds of stories I have heard from individuals who prove that when patients have access to clear, evidence-based research about how disparities can impact their health, it can bridge the gap between patient and provider and lead to better, more equitable care."

True Change Demands Collaboration & Co-Creation

Resist the status quo. Doing things the same old way rarely changes anything. True progress toward achieving health equity demands innovative and unique, relevant partners and listening to lived experiences and suggestions.

Remove Negative Triggers

Fear and bias - two negative triggers - discourages proactive and/or preventative care. Industry can help with positive actions and momentum.

Preventative & Evidenced-Based Health Advice

Respondents across demographic groups are seeking new tools, resources and services to help them take care of themselves and their families' health. This shifts the onus off providers and their time. We can increase digital and media literacy by educating individuals on how to evaluate the reliability of online sources and how to distinguish between accurate and misleading information. This can be accomplished through community education programs and outreach efforts, and through partnerships with schools and other community organizations. One approach to improving health information access is to work with influencers and healthcare professionals to promote evidence-based health advice on social media platforms.

> "Health equity is a team sport and requires our collective effort worldwide. It was a pleasure to work with a diverse team that put together this report from across the globe focused on improving the health and wellbeing of where people live, work, and play.
>
> Bryan O. Buckley, DrPH, MPH, MBA, Director, Health Equity Initiatives, NCQA

Small Actions Over Time

> Trust is built and maintained by many small actions over time. Investing in and committing to a true partnership over time gives the community the authority to speak on your behalf. That is the ultimate sign of trust– when someone else can speak on your trustworthiness and authenticity without you having to say anything.
>
> BlackDoctor.org (BDO)

Implement New Technologies

There is a need for AI solutions to recognize diversity. AI tools can bring transformative changes that enhance the delivery of care and improve health outcomes. AI technologies have the potential to augment and support healthcare professionals, enabling them to provide more efficient and accurate diagnoses and treatment plans. By leveraging AI algorithms and machine learning, healthcare providers can analyze vast amounts of data and gain valuable insights that aid in personalized and evidence-based care.

"Doctors who don't use AI are going to be replaced by doctors who do," according to WebMD's Chief Medical Officer John Whyte. "We must recognize these tools, figure out how best to use them and ensure empathy rises to the top. There's a need for cultural competency in AI."

Our Way Forward: Listen Harder

According to OPRG's Global Health Lead Paul George, "The way forward is to listen harder because, to quote the late Ruth Bader Ginsburg: 'The way to win an argument is not to yell, because often that will turn people away more so than bringing them to your table.' If we listen harder, we will realize there is more that brings us together than divides us. We from the LGBTQ+ community can finally emerge from second class syndrome because of the nature of whom and how we love, or identify. We strive for recognition simply as a component of one human race."

Healthcare Professionals are Humans Too

According to Omolara Thomas Uwemedimo, MD, MPH, "In my medical healthcare training, we were trained to differentiate ourselves from mere humans. We, those of us who were called to medicine, were led to understand that we are able to handle more than humans we care for. There was no discussion about fixing the chaos and overwhelm in how things operated in our hospitals or clinics. If overwhelm was showing up, the problem was not healthcare, we were made to believe it was us."

Our Collective Call-to-Action

1. Eliminate bias and discrimination from healthcare.
2. Engender trust through community and civil society engagement.
3. Engage community and civil society in the development and implementation of interventions across the care cascade – from diagnostics to linkage and retention in care and treatment.
4. Leverage digital health to scale best practices in healthcare promotion and delivery but leave no one behind.
5. Speak to people's values, connect and lead with care and compassion.

When asked where we should be a year from now, BlackDoctor.org (BDO) predicts, "One year from now, 50 percent of corporations should have some real, actionable initiatives in place that they are executing with partners and with community members. That would show tremendous impact and engagement."

BDO adds: "In a year or two, collaboration and true partnerships between pharma and health leaders in underrepresented communities, can create champions of health equity that are beneficial to all parties involved."

Consider creating an "Equity Intervention" strategy map, term coined by Deidra L Johnson, Porter Novelli JEDI Practice Lead. This helps put beliefs about importance of health equity into action and allows for differentiation.

Global Survey Methodology

This was an online survey - conducted by Atlantic Insights, the marketing research division of The Atlantic, on a global study aimed at uncovering healthcare gaps and helping leaders prioritize steps to address them, reviewed by OPRG and its key stakeholder networks, and executed by Lucid, a subsidiary of Cint.

The survey included 35 questions, fielded to 6,001 total respondents across four countries: the United States, United Kingdom, Germany, and Spain (1,500n for each country). The margin of error is 5% at the 95% confidence level. No weighting was applied to the survey. Survey was fielded March 9-24, 2023. Margin of error across the full study is +/- **5p (95% confidence)**, while each geo's MoE is +/-**10p (90% confidence)**. The differences across cohorts highlighted specifically in the country by country insights in the report are statistically significant at the 90% confidence level.

For both non-English-speaking global markets, we collaborated with native experts to design the survey with special attention paid to key language differences. In the U.S. and Spain, the survey was translated into Spanish, while in Germany, the survey was translated into German. Questionnaires were reviewed by an independent health literacy expert, who served as final survey editor.

Across geographies, we localized race and ethnicity classifications to align with the predominant demographic breakdowns of each country.

A key limitation of the survey is that internet was required, and as we know access to the internet is a problem. Respondents could use cell phones to complete the survey. Respondents did not need high speed internet to take the survey. Visual acuity was considered.

More details on the following page.

Appendix

About the Partners

Atlantic Insights is the marketing research division of The Atlantic, with custom and co-branded research experience spanning finance, technology, healthcare, and small business. This report is made possible by OPRG and is independent of the Atlantic's editorial staff.

Cint, parent brand of Lucid, is a global software leader in digital insights and research technology with one of the world's largest consumer networks for digital survey-based research.

OPRG is the largest global network of communications and consulting agencies in the world, representing the collective intelligence, capabilities, and connections of 20 iconic agency brands. We have the unique ability to bring together the best and brightest team members with the most diverse skill sets to provide bespoke communications solutions to our clients in more than 70 different countries around the world. OPRG is a part of Omnicom Group, assembling teams that are the best at applying the art of storytelling to deliver on our clients' business goals.

Advisors: Omnicom PR Group (OPRG) provided and/or offered stipends to advisors globally who contributed the development of survey questions. No independent advisors are employees of OPRG. All thoughts expressed in this report are of their own, and may not be consistent with their respective place of employment.

Key Definitions

Healthcare provider or Provider: Someone who offers professional health services or medical care for you or your family (such as a doctor, nurse, medical assistant, social worker, and more).

Bias: Stereotypes or being judged based on my race and ethnicity, culture, religion, gender identity, sexual orientation, disability, body size, etc

Across all geographies, we screened for the following demographic information:

- Age
- Country of origin
- State (for U.S. respondents)
- Race or ethnicity
- Persons with a disability
- Sexual orientation and gender identity (SOGI)
- Immigration status
- Household size
- Type of community
- Highest level of education
- Employment status
- Health insurance status
- Type of health insurance

Our methodology was designed to elicit the most representative responses possible. It's important to note that respondents did self-select across demographic categories and had the option not to answer each demographic question. In this research, people self-identified as:

- People with disabilities
- Immigrants, refugees, or foreign-born people
- Older adults
- People from racial and ethnic minority groups
- People who live in rural or sparsely populated areas
- SOGI communities
- Uninsured people (US only)

Helpful Links (references)

1. https://www.weforum.org/agenda/2022/10/howbusinesses-can-tackle-healthinequity-worldwide/#:~:te
2. https://www.porternovelli.com/intelligence/2022/09/21/health-experts-unveilurgent-2030-global-priorities-for-turning-the-tide-onhealth-inequalities-alongside-new-data-which-underpinnew-expectations-of-pharma/
3. https://www. instituteofhealthequity.org/resourcesreports/the-business-of-health-equity-the-marmotreview-for-industryxt=Health%20inequities%20are%20not%20only,social%2C%20economic%20and%20environmental%20pressures