

Building the Business Case for Health Equity Investment: Strategies to Secure Sustainable Support

Health care is one of the only institutions in a community that every single person will likely interact with at some point in their life. As a common point of community engagement, health care organizations and medical professionals are well positioned to respond to what an individual needs based on their life outside the four clinical walls – also referred to as “whole person care” – and to connect individuals with needed community-based resources to help improve well-being under those circumstances. The impact of a lifetime of not accessing necessary health care due to social factors (such as lack of access to primary and preventive health care, lack of transportation, residing in a food desert, and housing insecurity) can lead to detrimental health outcomes. In addition, there is evidence that individuals with chronic disease spend more time and resources managing their conditions than do their healthcare teams, and their environment has an enormous impact on how that management occurs.¹

The Health Care Transformation Task Force (Task Force) strongly believes everyone should have a fair and just opportunity to attain their highest level of health, and that health care organizations and professionals can do better in addressing health disparities and inequities to contribute to healthier populations and communities. *Building the Business Case for Health Equity Investment: Strategies to Secure Sustainable Support* (the Business Case) is a guide designed to support multiple audiences that are striving to improve equity for their patients or members, and the population as a whole.

This Business Case builds the case for how to bring leadership on board with investing in and addressing health equity that can be adapted for use across all parts of the health care sector. With the imperative established on why organizations should seek to invest in health equity, the Business Case resource is organized into three sections: 1) Making the Case for Investment; 2) Operationalizing the Investment; and 3) Long-Term Success and Sustainability, and seeks to address the following questions:

- What language and evidence are needed when making the case that advancing health equity should be a strategic goal for an organization, and be integrated into the organization’s overarching strategic plan?
- What does true commitment to advancing health equity look like, from C-Suite leaders and governance, all the way to various managers and front-line workers? And how does an organization establish and execute on this commitment?
- Does the organization subscribe to a common definition/understanding of what comprises health equity, what are the root causes of disparities and inequities in health and health care in their communities, and what data are available (or not) on rates of inequities and disparities in health outcomes and across vulnerable populations?
- What are the elements for developing and implementing sustainable health equity initiatives, and who will lead and be accountable for this process?

- Do professionals across the organization explicitly understand what their individual departments and teams are charged to do to successfully design and implement the effort?
- Who are trusted business and community partners and allies? How will collaboration be facilitated to advance shared equity goals? What common goals can be achieved working together?
- What public policy levers must be considered to advance organizational goals and initiatives?

As a contributor to, and supporter of, The Robert Wood Johnson Foundation's Raising the Bar framework (RtB framework), the Task Force views this resource as a way to promote and offer operational guidance on the four transformational health care system roles as outlined in the RTB framework. The Business Case also provides thought leadership on securing investments to develop and implement the following:

- **Internal initiatives** to promote person centered care and build a diverse workforce and leadership within the clinical and operational settings, such as infrastructure efforts including improving data collection, implementation of data sharing infrastructure, work force implicit bias training, and redesigning care delivery to be culturally congruent, person-centered, and cognizant of patients' social needs.
- **External efforts** to improve partnerships with the community and leverage economic and political power to promote equity, such as investments in community housing and transportation, investments in community infrastructure to improve public health, and advocacy for policy changes that align with community needs.

Partnerships between payers/providers and community-based organizations and workforce are crucial to both internal and external efforts. Addressing inequities, whether they are socially driven, systemic, and/or clinical, is more important than ever as the United States shifts towards becoming a 'majority-minority' country. By 2045, it is predicted that over half of the United States' population will be made up of individuals from racial and ethnic minority communities.² If a health care organization seeks to maintain consistent or grow market share, it is imperative that it learns how to best serve this emerging population. This includes not only addressing trends in race and ethnicity demographics, but also the role that intersectionality plays in compounding inequality, with intersectionality defined as the way that systems of inequality and discrimination intersect to create unique dynamics and efforts. Indeed, taking an intersectional approach to health care is reflected in a system that creates specific and inclusive studies to find medical solutions; creates processes that apply to everyone – regardless of gender, race, nationality, disability status, sexual orientation, or gender identity – and appreciates and respects the unique and lived experiences of individuals.³

The Task Force appreciates the input of all its members in the development of this resource.



Established in 2014, the Health Care Transformation Task Force brings together patients, payers, providers, and purchaser representatives to act as a private sector driver, coordinator, and facilitator of delivery system transformation. In addition to serving as a resource and shared learnings convener for members, the Task Force is also a leading public voice on value-based payment and care delivery transformation.

1. https://www.researchgate.net/publication/227707988_Automated_Hovering_in_Health_Care_-_Watching_Over_the_5000_Hours
 2. <https://www.brookings.edu/blog/the-avenue/2018/03/14/the-us-will-become-minority-white-in-2045-census-projects/>
 3. <https://www.simplehealth.com/blog/what-is-intersectionality>