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BOSTON COLLEGE  
**CENTER FOR CORPORATE CITIZENSHIP**  
CARROLL SCHOOL OF MANAGEMENT

# Health Equity Advisory Board



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# Letter From the Chair

The COVID-19 pandemic put a spotlight on health equity issues globally. Many companies responded to the crisis by investing significant time and money in helping to address the immediate health needs of their communities. As the pandemic recedes, the need for corporate support around health equity continues to grow. Access to health care and health-related services shapes our economy, creating opportunities for companies in any sector to engage in health equity issues.

This year, the Boston College Center for Corporate Citizenship's (BCCCC) Health Equity Advisory Board created a space for companies working on health equity to come together and explore how the corporate sector can work together to make a difference on these issues. These conversations focused on the business case for all firms, whether in the health space or not, to tackle the issue of health equity—to provide a more equitable allocation of health resources and focus, particularly for traditionally marginalized and underserved communities.

We were privileged to have a variety of engaging speakers that covered issues from rural health to the impact of past housing discrimination on the air different population groups breathe today. Every time we met, we came away better informed both from our speakers and the discussions we had afterward. I want to thank all the board members and guest speakers for their participation and contributions.



**CHRISTY REEVES**

Vice President,  
Community Engagement  
and Impact  
Ochsner Health

**"The ecosystem of nonprofits, governmental entities, and other firms working in this space has created a robust set of good practices and research that supports corporations interested in getting involved."**

**— CHRISTY REEVES**

Vice President, Community Engagement and Impact  
Ochsner Health



Let me finish by reiterating: there continue to be great opportunities for companies looking to tackle health equity issues within their own organization and in the communities in which they operate, to which they sell their goods and services, and from which they source. The ecosystem of nonprofits, governmental entities, and other firms working in this space has created a robust set of good practices and research that supports corporations interested in getting involved. We all have a role to play in enabling more equitable health care access. As you will read in this bulletin, health inequities cost the United States approximately \$320 billion a year—there is a lot of work to do and many good reasons for doing it.

**CHRISTY REEVES**

Vice President, Community Engagement and Impact  
Ochsner Health

# Introduction

**D**isparities in health outcomes and social determinants of health have emerged among the most pressing issues of the last several years. Differences in health outcomes and well-being have been brought into focus partly as a result of the COVID-19 pandemic, but also through discussions around gender—including access to reproductive health resources—and racial justice and equity. For example, as of the end of 2022, African Americans were 10% more likely than non-Hispanic Whites, adjusting for age, to become infected with the COVID-19 virus, but were more than twice as likely to be hospitalized due to infection and 1.6 times as likely to die from infection.<sup>1</sup>

This advisory bulletin, developed by the Boston College Center for Corporate Citizenship Advisory Board on Health Equity, takes a closer look at the causes of health inequities, how health equity is a concern of all corporations from a business perspective, and ways in which corporations can promote equity. It draws on the latest research in this area and key lessons learned from the discussions of the board.



## HEALTH EQUITY AND HOW WE ACHIEVE IT

According to the Robert Wood Johnson Foundation (RJWF), equity “means that everyone has a fair and just opportunity to be as healthy as possible.”<sup>1</sup>

The Centers for Disease Control (CDC), which uses the same definition, states that achieving health equity “requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities and also requires addressing social determinants of health and health disparities.”<sup>2</sup>

# Meet the Contributors



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**TOPIC 1**

# Landscape of Health Inequality

## Overview of disparities in health outcomes

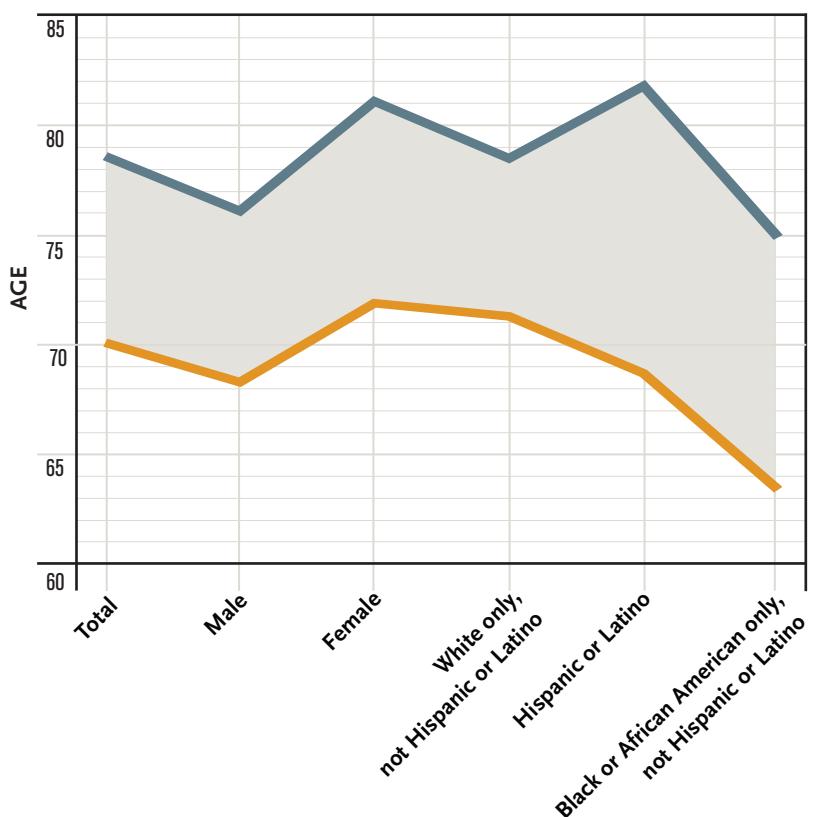
Data on health outcomes show disparities by income, race, ethnicity, gender, sexual orientation, physical and mental abilities, and geography (rural/urban and within metropolitan areas). The goal of health equity is to eliminate these disparities and to give everyone a chance to live as healthy a life as possible. Corporations have a role to play in this and business reasons to address health inequities. But to do so, they have to understand the challenges, including the drivers of disparate health outcomes.

The number of different types of disparity in health outcomes can feel overwhelming. For example, the CDC's Healthy People 2030 initiative includes 358 different health objectives, many of which show health disparities by race, ethnicity, and other social dimensions. However, the CDC has narrowed this down to 23 Leading Health Indicators (LHIs)—all but one show a race and ethnicity disparity.<sup>1</sup>

It has also identified eight overall health and well-being measures, including overall life expectancy at birth and the number of years a person can be expected to live in good health. Overall, in 2017, Americans were expected, at birth, to live 78.6 years, but only 70.1 of those years would they be in good health. Again, the numbers show differences across race, ethnicity, and gender, with Non-Hispanic African Americans faring the worst: overall life expectancy of 74.9 years, but only 63.4 of those years in good health.

### Life expectancy at birth

■ Years in good health ■ All years



Source: Centers for Disease Control and Prevention. (n.d.). *Overall Health and Well-Being Measures*. <https://health.gov/healthypeople/objectives-and-data/overall-health-and-well-being-measures>

Why are these numbers of concern to corporations? And, if they are, what role do corporations, especially those outside the health space, have in addressing them? The answers lie in the business case for health equity and the fact that social factors play a significant role in driving health disparities. In other words, there is a reason for corporations to care and there is something they can do about it, even if they do not operate in the health space.

## Business case for corporate engagement in health equity

Health inequities cost the U.S. economy an estimated \$320 billion per year in the form of lost productivity and health care costs. This may rise to \$1 trillion a year in 2040 if nothing is done about it.<sup>1</sup> For these reasons alone the business case for health equity is strong—everyone, collectively, will be better off if health equity is achieved.

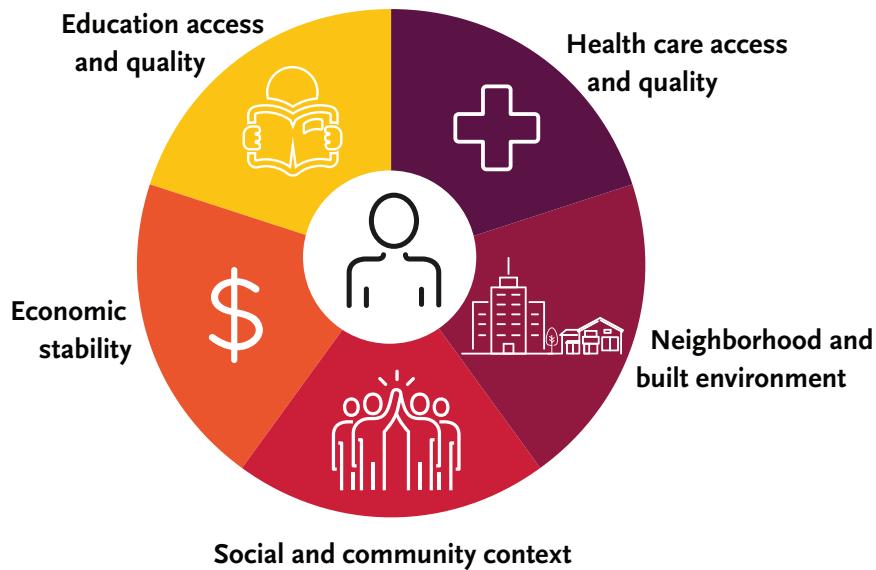
Beyond this need for a collective response to the challenge of health equity, individual corporations have good business reasons to address health inequities. These inequities impact their increasingly diverse workforce, the supply chains from which they source, the communities in which they operate, and the markets where they sell their goods and services.

The business benefits of a diverse workforce have been well-documented in terms of improved teamwork,<sup>2</sup> innovation<sup>3</sup>, and productivity.<sup>4</sup> Addressing health inequities can improve business performance allowing corporations to leverage the benefits of a diverse workforce more fully by:

- Improving employee well-being and reducing absenteeism due to both the employee's health status and that of their family members
- Increasing productivity
- Improving employee retention
- Reducing health insurance costs

In addition, corporations can increase the reliability of their supply chains by promoting health equity in the communities from which they source. This is especially the case in rural areas, which have worse health outcomes than metropolitan areas and supply many of the raw materials and energy inputs businesses rely on. Corporations can also enhance their market brand by promoting health equity.

## Social determinants of health



Source: Office of Disease Prevention and Health Promotion. *Healthy People 2030: Social Determinants of Health*. U.S. Department of Health and Human Services.

## Social determinants of health

Social determinants of health are underlying, contributing, nonmedical factors that drive health outcome disparities. The CDC identifies five main categories: education, economic stability, health care access and quality, social and community context, and the built environment.<sup>1</sup>

There are many pathways by which these social factors can result in disparities in health outcomes. Generally, access to education has been shown to affect health outcomes and the quality of education varies by race, ethnicity, income, and geography. Health education is also not distributed evenly across the population, even when a specific population with a chronic disease would benefit from targeted education. For example, access to formal diabetes education, which has been shown to affect the health outcomes of those with the condition, is unevenly distributed across geography. People with diabetes living in metropolitan areas were about 1.5 times more likely to receive formal diabetes education than those living in non-metropolitan areas.<sup>2</sup>

**Oral health is important “for physical, emotional, psychological, and socio-economic well-being, not only at the individual level but also at the interpersonal (e.g., family, friends), community, and societal levels.”**



The economic stability of a household has an impact on their ability to access health care, which, in turn, affects their overall health. For example, in 2018, a person in a family living below the poverty line (about \$25,000 a year for a family of four in 2018) was half as likely to have visited a dentist in the last 12 months as a person in a family living four times above the poverty line.<sup>3</sup> Oral health is important “for physical, emotional, psychological, and socioeconomic well-being, not only at the individual level but also at the interpersonal (e.g., family, friends), community, and societal levels.”<sup>4</sup>

Race also plays an important role in access to appropriate health care. While health insurance rates across non-Hispanic Whites and African Americans are relatively close (93.4% vs. 89.1%, respectively), there are significant differences in access to early and adequate prenatal care for pregnant women by race. For example, in 2021, 80.5% of non-Hispanic White pregnant women received appropriate prenatal care, while only 68.5% of African American pregnant women received appropriate prenatal care.<sup>5</sup>

The social and community context in which a person lives can impact their mental and physical health. Neighborhoods and built environments also have an impact. For example, there is increasing research being conducted on the impacts of past housing discrimination. From the 1930s to at least the 1970s, financial institutions “redlined” predominantly African American neighborhoods in America’s cities. Today, those neighborhoods have worse air pollution than other neighborhoods in the same cities.<sup>6</sup>

## ADVICE FOR THE FIELD



The number of health disparities can seem overwhelming. The challenges are deeply rooted, and the stakes are high. For a corporate citizenship professional, this makes it hard to know where to start. What levers can my corporate social responsibility (CSR) programs pull to make a difference? What can my company do to address health inequities? We will be taking a deep dive into some specific approaches related to community health centers and building community trust. Here, we want to offer a way in which you can start the conversation about health equity within your organization and across your value chain.

### TO BEGIN:

- Identify potential health inequities that exist within your corporate value chain.
- Engage populations that are being affected negatively by social determinants of health underlying the health inequities you have identified. The purpose here is to learn from affected people firsthand what barriers to good health they are encountering. This could mean talking to employee resource groups about health challenges that their members experience or engaging community health workers in communities where the corporation operates and sources from to understand better the health challenges in those communities.
- Address the issues identified using resources from the CDC and other organizations and resources your company already has available. You may find

that many of the HR, DEI, and CSR policies and practices you have in place address health inequities. This needs to be recognized so that you can leverage those policies and practices and fill in the gaps.

- Track the results of your efforts.

For example, corporations offer their employees health and other benefits. Are these benefits available to all employees equally in ways that address challenges some may have in gaining access to quality health care? Are employees able to take advantage of those benefits? For example, are they able to take time off from work without penalty to go to a doctor's appointment or care for a sick child?

Beyond these internal questions, looking up and down a company's value chain may reveal health inequities that need to be addressed. For example, a food processor looking upstream to its suppliers may find that the rural areas from which it sources its food have a health professional shortage that impacts the health of the population, including the workers involved in the food supply chain. Or a financial service provider looking downstream may see the need to promote economic stability in underserved communities by addressing health inequities. In 2022, Bank of America announced a \$40 million commitment of long-term, low-cost capital to finance the development and expansion of community health centers to promote health equity and economic stability in underserved communities.

## TACKLING HEALTH INEQUITIES THROUGH FOOD AS MEDICINE

**F**ood as medicine is a reaffirmation that food and nutrition play a role in sustaining health, preventing disease, and as a therapy for those with conditions or in situations responsive to changes in their diet.<sup>1</sup>

Food as medicine also refers to a health equity issue, as low-income and marginalized people are most likely to lack access to affordable, nutritious foods, either because they do not earn enough to afford these foods or they do not have easy access to stores that sell nutritious foods in their communities.<sup>2,3</sup> Health care providers and insurers are becoming increasingly aware of the food security and nutrition needs of their patients. For example, Point32Health, a member of this Advisory Board, has a team of community health workers who address the health-related social needs of families, including barriers to healthy food access.

Beyond the health care space, corporations of all types can address health inequities by supporting access to and consumption of nutritious food, starting with their own employees and reaching out to disadvantaged communities in which they operate and which they serve. The benefits of doing this are many: healthy, productive employees; lower health care costs; healthy communities; and positive environmental impacts, as healthy foods are less likely to be processed foods.

To start reaping these benefits, here is a simple health equity checklist:

- We pay our employees enough for them to afford nutritious food.
- Our employees have easy access to stores selling nutritious foods near where they live, on their way to work, or near their workplace.
- Our employees have a basic understanding of food nutrition.
- Our food-related CSR programs, such as employee volunteering at food pantries and philanthropic giving to organizations addressing food needs, are part of a coordinated health equity strategy.

## IN THEIR OWN WORDS

## Why should corporations outside of the health sector care about and address health equity issues?

“

Dr. Martin Luther King Jr. said that 'Of all forms of inequality, injustice in health care is the most shocking and inhumane.' Impacting this inequity is not something that health care organizations can do alone. It takes all business sectors working collaboratively, utilizing their unique skills and resources to change the trajectory."

**LOIS INGLAND**

Vice President, Corporate Social Responsibility  
Atrium Health

“

Addressing health equity without recognizing the many factors beyond medical care that affect our health sets us up to fail. Health equity is influenced by how and where we live and work; access to quality schools, transportation, and housing; our ability to be heard on civic and social matters; and yes, access to medical services. Corporations must work across sectors to successfully build thriving, healthy communities that support everyone."

**STACEY MANN**

Director, Corporate Citizenship  
Point32Health

## What do you think is the most important health equity challenge we face in the U.S. today?

“

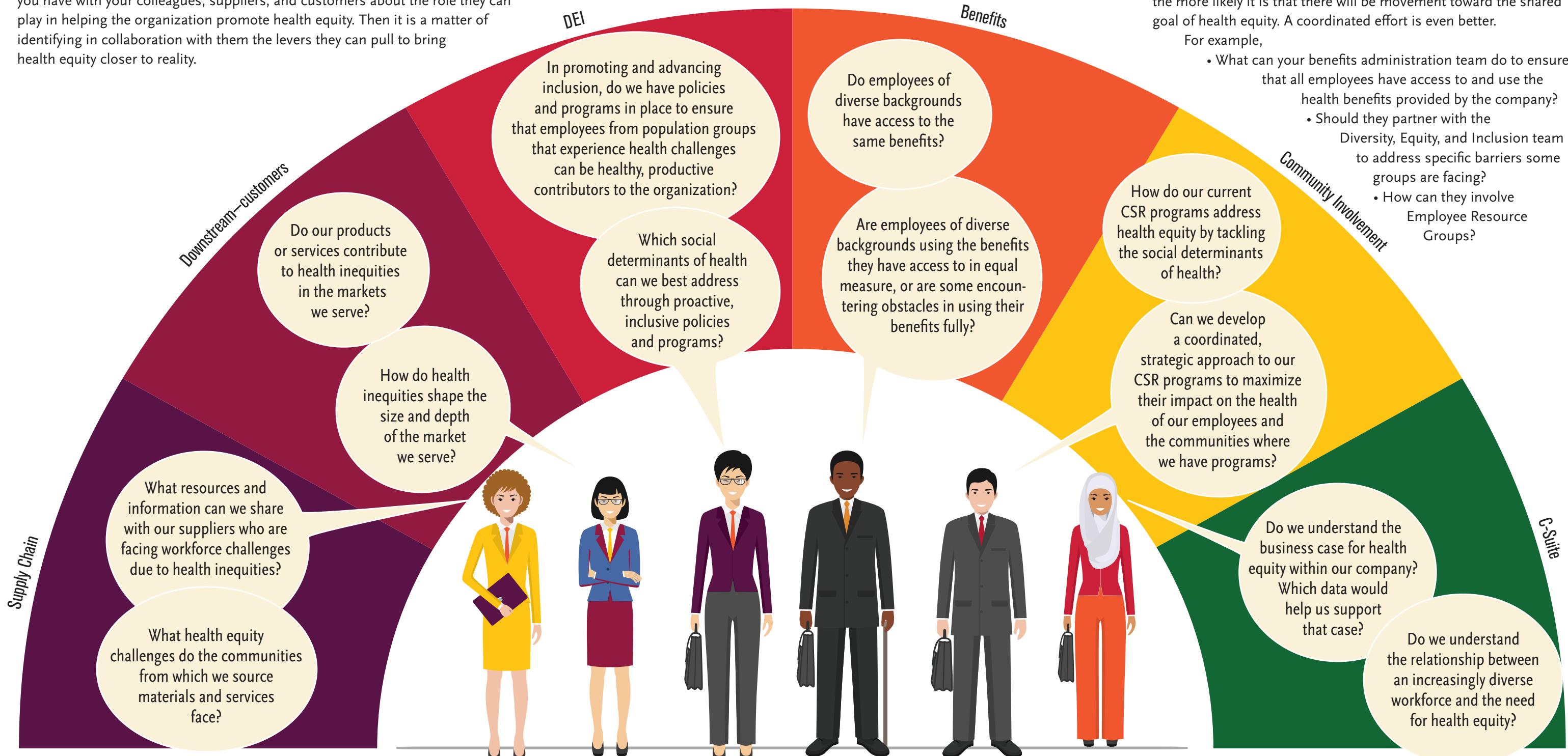
Far too many people face barriers that prevent them from living a healthy life. As a mission-driven health solutions company focused on helping people and communities achieve better health, we believe everyone deserves to have an equal opportunity to achieve their full health potential. We also know that no one can do this alone. It takes nonprofits, like the Florida Blue Foundation, alongside providers, community leaders, and the business community to work together to identify and implement long-term strategies and solutions that will ultimately improve health outcomes and strengthen our local communities."

**HEIDI CURTIS**

Senior Director, Community Leadership and Education  
Florida Blue Foundation

# Conversation starters focused on supporting inclusive health equity

The business case for health equity is clear. It should be the starting point for the conversations you have with your colleagues, suppliers, and customers about the role they can play in helping the organization promote health equity. Then it is a matter of identifying in collaboration with them the levers they can pull to bring health equity closer to reality.



**TOPIC 2**

# Community Health Centers and Health Equity

## What role do community health centers play in addressing health equity?

Health care infrastructure is unevenly distributed geographically, resulting in disparities in access. There are a number of ways in which challenges in access can be addressed. One proven solution is community health centers—“community-based and patient-directed organizations that deliver comprehensive, culturally competent, high-quality primary health care services to the nation’s most vulnerable individuals and families.”

The federal Health Resources and Service Administration (HRSA) Health Center Program regulates and supervises health centers. According to the HRSA, in 2021, health centers served more than 30 million patients through about 14,000 permanent locations under the umbrella of about 1,360 health center organizations.

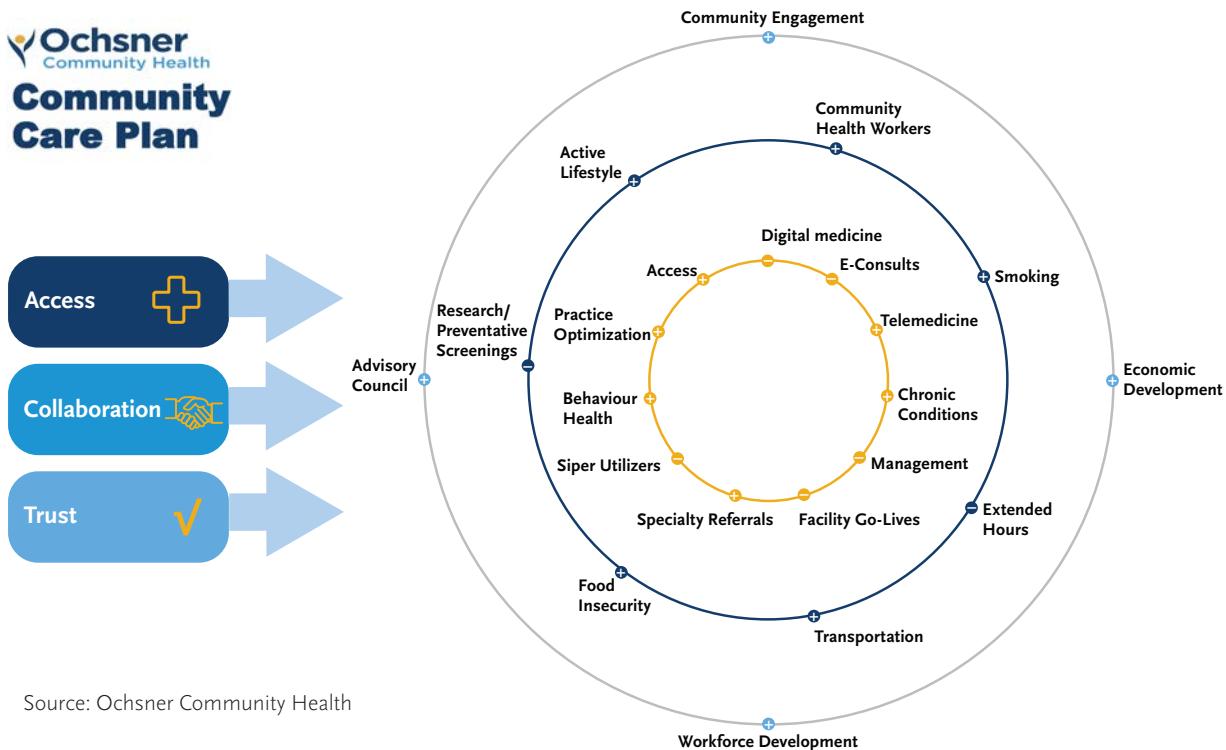
Although the health centers are physical locations within communities, they also offer telehealth appointments, with 29 million virtual visits in 2021.<sup>1</sup> Nearly all—98%—community health centers offer mental health services. In 2021, there were more than 15 million mental health visits, 54% of which were provided virtually.<sup>2</sup> About one-third of these centers are located in rural areas, and 90% are federal tax-exempt corporations.<sup>3</sup>

These health centers are a critical resource for delivering primary health care to underserved communities. Nationally, 63% of health center patients are members of racial/ethnic minorities, even though they are only 40% of the population. In 2018, 82% of health center patients were either uninsured or publicly insured (Medicaid, Medicare, or some other public insurance), and about two-thirds of them lived below twice the federal poverty line (less than \$50,000 per year for a family of four).<sup>4</sup>

Federal data also suggest that health centers produce better health outcomes on many key metrics, despite serving more at-risk patients. They achieve higher rates of hypertension and diabetes control and lower rates of low birth weight than the national average. Low-income and minority women served by health centers are more likely to receive mammograms and pap smears than their national counterparts.<sup>5</sup>

## CASE STUDY: OCHSNER COMMUNITY HEALTH CENTER EXPERIENCE

In 2022, nearly three-quarters of Louisiana residents lived in areas where there was a shortage of health care providers for either primary care, dental care, or mental health.<sup>1</sup> Ochsner Health's Community Health Center initiative is trying to tackle this shortage by building community health centers in areas where the need is greatest. Currently, it has five centers, which all opened in 2020 and 2021. Ochsner Health plans to increase the number of centers to 15. The approach is holistic and involves community partners and building trust in the community over time to improve health outcomes, as well as partnering with a cross-section of organizations in the public health ecosystem, including federal and state agencies, the governor's office, and mayors; schools, universities, and technical colleges; and employers, insurers, and other parts of the Ochsner Health system.



The results so far have been positive in terms of health outcomes, blood pressure control, diabetes, and rates of cervical, colorectal, and breast cancer screening.

## ADVICE FOR THE FIELD



**C**ommunity health centers are largely self-sustaining operations. They generate revenue from insurance payments—mostly from Medicaid and Medicare—to cover the costs of serving their patients. In addition, they receive federal grants to cover the gap between revenue and expenses resulting from serving uninsured patients and providing additional services to very vulnerable populations. They also receive grants and contracts from state and local governments. Health centers are highly regulated and supervised by the federal government.

Most community health centers are tax-exempt corporations, which makes them eligible for charitable donations of various types. In 2021, health centers received over \$1 billion in foundation and private grants, up from \$870 million in 2017.<sup>1</sup> They also received about \$640 million in donated facilities, services, and supplies, up from \$540 million in 2017.

This is not news to many corporations in the health sector. For example, a major hospital system in Massachusetts, Mass General Brigham (MGB), announced last year a \$500,000 commitment to a local community health center system to enable it to convert to an electronic health record system and to support the development of an urgent care walk-in clinic at a family health center. Also, CVSHealth has partnered with the National Association of Community Health Centers to provide education and support to centers to treat and prevent prescription drug abuse among at-risk patients.

Given the importance of community health

centers in addressing health inequities, and the business and philanthropic reasons for corporations to invest in health equity, corporations outside of the health sector should consider how they might partner with health centers to address health inequities. As with other community involvement programs, corporations have a number of tools they can use:

- Philanthropic giving to community health centers, either through a foundation or a direct corporate grant
- Matching employee donations to a community health center
- Creating partnerships with centers that make use of employee volunteer hours
- Encouraging senior employees to serve on community health center boards
- Donating supplies and services

The federal government's HRSA has a comprehensive set of data tools to enable people who want to learn more about community health centers. One of the tools allows a user to find a community health center in their area. For example, Los Angeles County has 618 community health centers—the most of any county in the country—followed by Cook County, Illinois, with 239, and San Diego County with 223. In addition, the Walsh Center at NORC provides a comprehensive health equity toolkit, which includes advice on working with rural health centers.

**TOPIC 3**

# Building Community Trust

## Trust and community health workers

Trust between a patient and a clinician is a critical driver of the quality of health care delivery, as is trust in the organization that employs that clinician and the system the organization is part of.<sup>1</sup> Often, trust is lacking for both historical and contemporary reasons related to how people within certain communities, such as African Americans, have been treated by the health care system in the past and continue to be treated today. Adding to this mix is the amount of misinformation on social media that has led to further erosion of trust, especially during the COVID-19 pandemic.

One strategy employed to leverage and build trust within a community is to deploy community health workers (CHWs), who “are lay members of the community who work either for pay or as volunteers in association with the local health care system in both urban and rural environments. CHWs usually share ethnicity, language, socio-economic status, and life experiences with the community members they serve.”<sup>2</sup>

Community health workers can play a number of roles, from providing health education and helping patients navigate the health care system to motivating and supporting patients’ self-management of their health.



Community health workers can play a number of roles, from providing health education and helping patients navigate the health care system to motivating and supporting patients’ self-management of their health.

Domain	Sub-roles	
Core	Health education	Provision of education and counseling about health care
	Addressing barriers	Identification and addressing of barriers to health care
	Care navigation	Helping schedule appointments, providing reminders, assisting with transport, and accompanying patients to appointments
	Patient follow-up	Following up with patients after care
Other potential	Coordination with other providers	Communication and coordination with other health care providers
	Community resources/social support	Linking patients with community resources
	Monitoring	Supporting patients to monitor their condition
	Self-management	Motivation and support for self-management

Source: Mistry, S.K., Harris, E., & Harris, M. Community Health Workers as Healthcare Navigators in Primary Care Chronic Disease Management: A Systematic Review. *Journal of General Internal Medicine*

According to the U.S. Bureau of Labor Statistics, there are about 61,000 CHWs in the U.S.<sup>29</sup> There are hundreds of thousands more across the globe, especially in low-income countries where the health care infrastructure is not as robust or as extensive as in high-income countries.

There is a growing body of evidence that CHWs can affect health outcomes in a cost-effective manner. There have been a number of reviews of studies on the efficacy of CHWs. One review study found that CHWs were effective in “increasing adherence to cancer screening, particularly for breast, cervical, and colorectal cancers, and improving use of primary care for effective chronic disease management.”<sup>4</sup> Another review of studies on the effectiveness of CHWs in rural settings in the U.S. reported improvements in measured outcomes and a positive return on investment.<sup>5</sup> Yet another review focused on the studies of the effectiveness of CHWs in helping patients manage chronic diseases, including cardiovascular diseases and diabetes, which, according to the CDC, together resulted in \$690 billion in health care costs and labor productivity losses in 2017.<sup>6</sup> The studies covered by the review found that CHWs provide a positive return on investment through their positive impact on disease prevention and management.<sup>7</sup>

## ADVICE FOR THE FIELD



### SUPPORTING THE WORK OF COMMUNITY

#### HEALTH WORKERS

Sanofi's partnership with the National Association of Community Health Workers (NACHW) provided support to community health workers by helping build out the national infrastructure that the Association is using to match workers with needs. Corporations interested in supporting CHWs have a number of options, including state- and local-level networks and certification programs and entities that provide training for CHWs. In October 2022, the HRSA announced awards totaling \$225 million to 83 educational institutions to support their CHW training and apprenticeship programs.<sup>1</sup> The program is attempting to address the shortage of CHWs by bringing 13,000 more into the field using American Rescue Plan (ARP) funds. This suggests that the federal government sees a strong need for more CHWs in the future and suggests a potential role for philanthropy in either adding to the federal dollars or providing additional funds when ARP funding runs out.

### LESSONS LEARNED FROM COMMUNITY

#### HEALTH WORKERS

One of the takeaways from the board discussion of the role of CHWs in addressing health inequities is the lessons we can learn from them about how to connect with communities where trust in large organizations and systems may be thin. CHWs are from the community they serve—they are “embed-

ded” in the community. They take a holistic view of the person and their context and so address the many different barriers people face in accessing and using health care services and trusting health care providers. CHWs play multiple roles and, most importantly, use interpersonal and community-based trust to connect them to larger organizations and systems that are trying to provide them with appropriate health care services. At the same time, these organizations and systems provide support to CHWs in terms of training, supplies, and other resources that enable CHWs to help their communities.

Corporations seeking to work with a community need to work through employees who are members of that community or identify people who are trusted within the community. Studies of what contributes to the trust a community has in CHWs suggest that a CHW is more trusted and effective if the community plays a part in their selection and has a say in monitoring them and holding them accountable. As corporations seek to partner with organizations in a community, they can determine which organizational leaders have the trust of the community by looking at how and from where those leaders came to their positions and what sort of community monitoring and accountability mechanisms are in place. An active, community-based board with wide representation across the community is one indicator that the organization's leadership is embedded in and trusted by the community.

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## Topic 1: Landscape of Health Inequality

### Overview of disparities in health outcomes

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