



US health inequity: beyond the statistics

Practical steps toward real human and economic health equity

How do US healthcare, biopharma, and public health institutions address systemic discrimination, advance justice, and reduce health disparities—while strengthening their businesses?

Persistent US health inequity needs attention

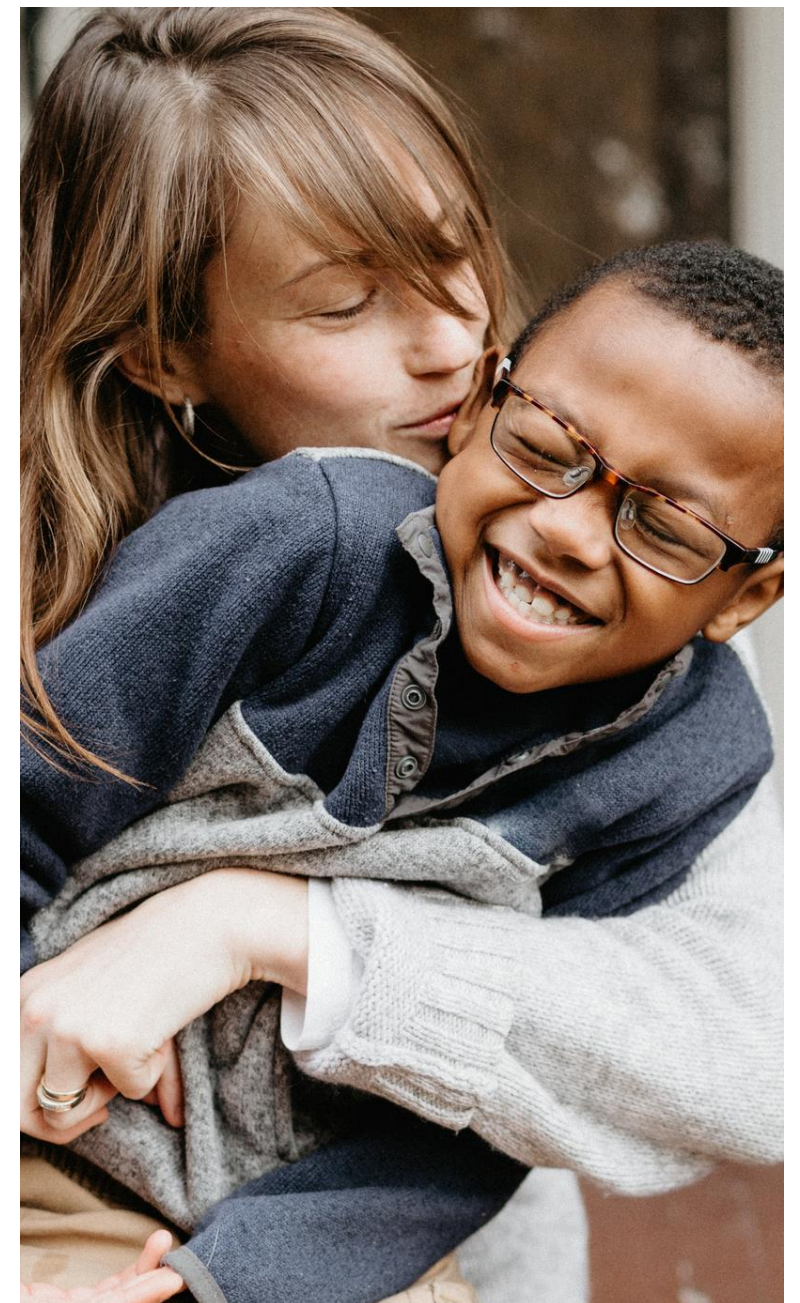
Unequal health outcomes are pervasive across the United States. Health inequities disproportionately affect people of color, immigrants, people of lower socioeconomic status and LGBTIQ+ groups. Systemic racism, social determinants of health, interpersonal biases and other factors lead to stark disparities in people engagement and health outcomes¹. The gap results in increased costs for the broader healthcare ecosystem.

Total Enterprise Reinvention demands an outside-in perspective that connects what's happening at the point of care delivered by Life Sciences organizations, Health and Public Health institutions with what's happening worldwide.

We recognize that health inequities affect people with multiple demographic profiles, such as disability status, geographic location and age. However, to explore

practical ways to address this, Accenture has analyzed the role US healthcare ecosystem participants play in them due to race and ethnicity. As the most prominent predictor of health inequity in the US, race and ethnicity are arguably the highest priority variables—with the least guidance regarding tangible actions for businesses to take.

While we know that social determinants of health (SDOH)² account for 80 percent of an individual's health³, healthcare ecosystem participants still have a significant opportunity to improve individual health outcomes and combat inequities. They can do this by adopting a Health Equity lens to Total Enterprise Reinvention. A deliberate strategy to set a new performance frontier centered around a strong digital core to drive growth and improve operations – all while helping ensure positive human and economic outcomes.



What is health equity?

“Health equity means everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.”

Braveman P, Arkin E, Orleans T, Proctor D, and Plough A, Robert Wood Johnson Foundation, May 1, 2017.

Accenture's research analysis on health equity in the US has revealed that:⁴

- Infant mortality disparities result in an additional **3,400 black infant deaths annually**
- Health inequities will contribute to over **200 million black life years** lost through a reduction in life expectancy
- Cancer mortality disparities result in an additional **9,200 black cancer deaths annually**

Disparities in action: sickle cell disease (SCD) versus cystic fibrosis (CF)

Our research on health equity in the US revealed that while CF and SCD have a lot in common and are both devastating, there is far more investment in CF (which mostly affects white people).

Of the more than 100,000 people with SCD in the US, about 86 percent are black^{5,6}. CF is much rarer, with about 30,000 cases, 94 percent of whom are white.⁷ Yet, despite its far rarer status, spending for CF far exceeds that of SCD at many levels: the federal (\$2,807 vs. \$812 per person), foundational (\$7,690 vs. \$102 per person), and pharmaceutical (over twice as many CF clinical trials funded by industry compared to SCD) leading to insufficient care and ultimately life-threatening complications.⁷

However, actions are paying dividends for both patients and ecosystem participants. SCD therapies are increasingly coming to market, providing patients much-needed relief while simultaneously growing sales to \$4.3b in 2028.⁸ Additionally, SCD care centers such as the Sickle Cell Center for Adults at Johns Hopkins Medicine have been able to decrease readmissions and increase the use of standard of care treatments (hydroxyurea).⁹

Our approach to US health equity

In this research analysis on health equity in the US, we offer a framework of five key interconnected obstacles where underrepresented communities are left behind by healthcare. We follow through with tangible actions that each ecosystem participant (biopharma, health payers and providers and the public sector) can take to narrow the gap in access, care and outcomes.

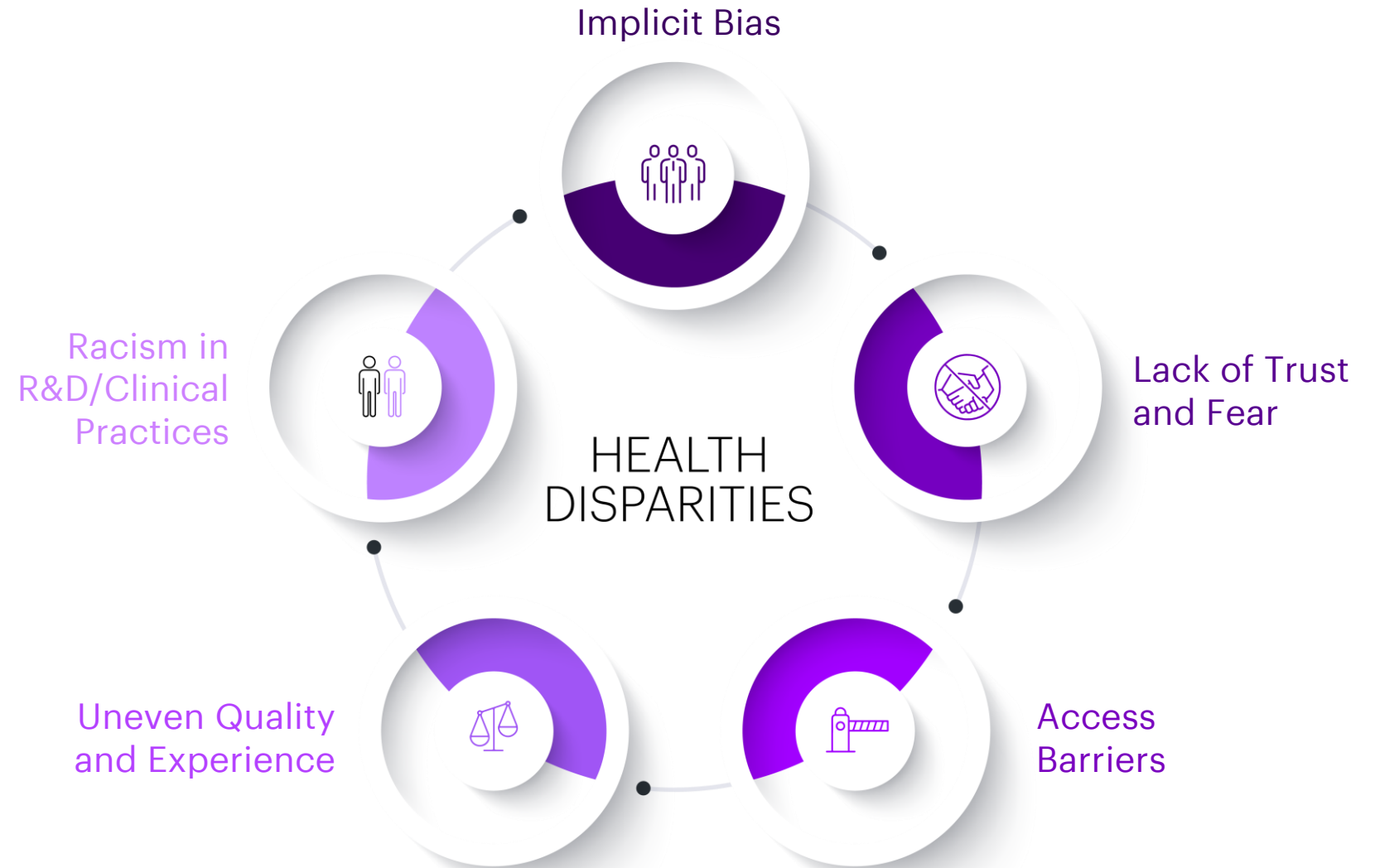
To understand the human and economic impacts of health inequity, Accenture conducted a systematic analysis of peer-reviewed literature and critical opinion leader views to then collate insights from extensive client engagements. Additionally, we spoke with subject matter experts from the life sciences, healthcare and public health industries. Through these actions, we could synthesize health inequities' leading causes and effects.

The findings support a framework of five interconnected areas that negatively affect people.

Those areas include: **implicit bias, lack of trust and fear, access barriers, uneven quality and experience** and **racism in research and development/clinical practices**. We understand that inequities result from historic and systemic barriers that require interpersonal, institutional and policy changes to resolve. Nevertheless, these five interconnected obstacles give healthcare ecosystem participants a unique opportunity to address inequity through tangible actions.



Unpacking the obstacles



What is it?



Implicit Bias

Implicit racial and ethnic biases are unconscious attitudes or stereotypes that affect our understanding of, and responses to, individuals and groups other than our own. These biases erode quality of care and access for underrepresented patients, in turn leading to a lack of trust in, and even fear of, the healthcare system as well as lowering participation by POC in their healthcare journey.



Lack of Trust and Fear

Given longstanding issues with the medical system (such as mistreatment of, and unethical studies among POC in the US), their relationship with the healthcare system is characterized by a general lack of trust and high levels of fear.



Access Barriers

Access barriers are roadblocks which prevent underrepresented groups from receiving equal access to care such as the affordability of care/medicines, the effects of implicit biases, health education, participation in clinical trials and other barriers such as language or transportation.



Uneven Quality and Experience

Stark differences in the quality of care exist between races. Patients from racial and ethnic minorities frequently receive sub-par care and experience worse outcomes relative to white patients. This uneven quality is directly tied to biases, trust and fear, and access barriers.



Racism in R&D/Clinical Practices

Lack of representation of people of color (POC) among both patients and physicians, barriers to access and other obstacles like bias, lack of trust and fear, and limited care access all limit the quality of health and research outcomes among affected groups.

Inequity in Action

A study of a major hospital found Black and Latinx heart failure patients were significantly more likely to be admitted to the general medical service than the specialty cardiology service. This difference was not explained by confounding factors.¹⁰

7 of 10 Black Americans say they're treated unfairly by the healthcare system and 55% say they distrust it.¹¹

20.0%, 11.4% and 7.8% of Hispanic, black, and white Americans are uninsured, respectively.¹²

Compared to white patients, black and Hispanic patients experienced worse quality of care on 43% and 36% of healthcare quality measures, respectively.¹³

Studies have shown that healthcare professionals have withheld treatments due to preconceived notions about underrepresented groups adhering to protocols.¹⁴

The case for recalibrating health equity

Extraordinary times call for an unprecedented response and a continuous reinvention strategy

Health inequities based on race and ethnicity are associated with \$93 billion in excess annual healthcare costs and cost the economy \$42 billion in lost productivity every year.¹⁵ Most importantly, systemic and interpersonal discrimination harms underrepresented communities directly. Ecosystem participants, including biopharma companies, payers, providers and public health institutions face an ethical imperative, as well as an economic one, to actively advance health equity now.

To help recalibrate health equity efforts in line with patient realities and best economic outcomes, we leveraged our experience working with the US' largest healthcare institutions, state and local governments, health agencies, life sciences companies and key technology partners. We have developed a deep understanding of the market and, in that light, suggested actions that could help health ecosystem participants to address health inequities while driving core business value adequately.

Companies can create and lead in a new performance frontier of health equity. A reinvention mindset with a health equity lens across the enterprise will make Life Sciences organizations, Health, and Public Health institutions stand apart.

We have quantified both the costs of action and inaction based on our research and analyses and extended them to implications for the broader US population. We demonstrate how remediating health inequities by adopting a reinvention strategy, and making healthcare more empathetic would provide societal, monetary and ethical value to both people and organizational ecosystem participants.

Future actions must consider three core areas: bias in data and algorithms, product and service design and sustainable structural change.



The dual value of healthy equity recalibration

Accenture Research analyses show a continuous reinvention strategy must center on the implications for vulnerable members of our society. These example case studies demonstrate the potential, long-term sustainable value for everyone.

Example case studies

Current Situation

Human Impact*** (annual)

Economic Benefit*** (annual)

Health Insurance Literacy

Patients who are at risk of being left behind often have lower health insurance literacy (HIL) and are more than twice as likely to forego preventative services which they are covered for.¹⁶ Programs to improve black and Hispanic HIL to equivalent levels leads to:¹⁷

3.8m

Additional patients at risk leveraging preventative services

\$699m

Additional savings for insurance companies

Clinical Decision Support Tools

Black patients receive curative cancer surgery 9%¹⁸ less frequently than white patients. Implementing Clinical Decision Support Tools (CDST) leveraging EHR data improves curative cancer surgery rates of patients, leading to:¹⁹

42k

Additional Black lives saved from curative cancer surgery

\$665m

Additional provider revenue from curative surgeries for black patients

Equitable Trial Design

Black and Hispanic patients make up 33% of the US population yet only make up 2-16% of clinical trials depending on indication and phase.^{20,21} Programs and clinical trial designs that equitably represent patients leads to:²²

26k

Additional patients receiving potentially life-saving treatments per year

\$487m*

Additional biopharma revenue per successful drug

Network Adequacy and Access

Current network adequacy standards don't provide satisfactory coverage as 1 in 5 plans include less than a quarter of available providers.²³ Programs to strengthen the network adequacy standards by a modest 5% would result in:²⁴

298k**

Additional Black children with access to specialty hospitals

\$912m

Annual Medicaid savings due to reduced avoidable admissions

* Per successful drug, not annual | **Total additional children with access due to better Medicaid coverage is an absolute number, not annually

*** Source: Accenture Research analysis leveraging syndicated data sources, literature and official U.S. sources. See methodology on page 25.

What should the recalibration look like?

Health ecosystem players' current efforts to address inequities are disconnected from the daily realities faced by underrepresented communities. Their efforts need to be more relevant, organized, streamlined and cohesive. To achieve health equity, the next generation of actions must consider **three core areas** that tackle the five key interconnected areas.



2. Design inclusive products and services

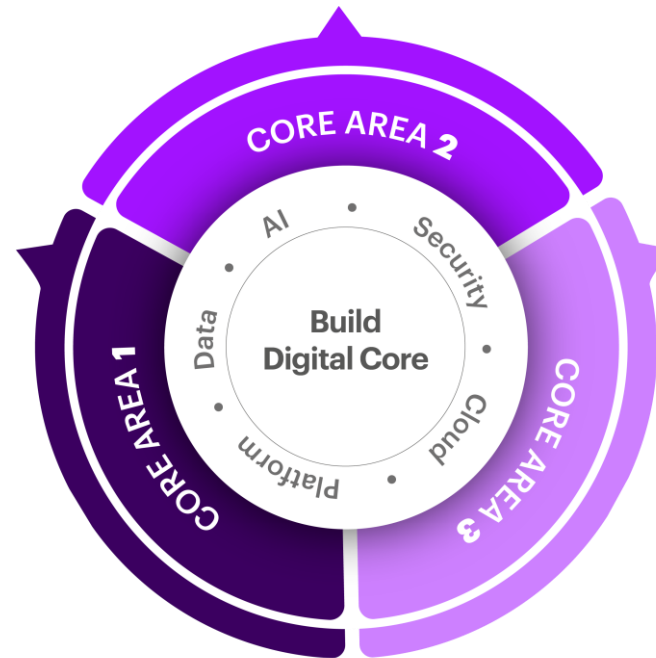
Health equity must be considered from the start of product and service design. Inclusive design methods enable and draw on the full spectrum of human diversity and individual experiences to create solutions. This does not mean that a single product or solution meets every person's needs. Instead, it means designing different ways for people to receive the same access, experience and outcomes while having a sense of belonging. Considering health equity at this stage encourages better practices, greater accessibility and a more inclusive healthcare environment which drives value for people and ecosystem participants.

1. Mitigate bias in data analytics and algorithms

Clinical algorithms are at the heart of the digital core of Health organizations. They intend to improve accuracy and efficiency but have sometimes proven to widen healthcare disparities.

The most cited example is the large commercial health decision algorithm that used healthcare costs as a proxy for health needs, which inappropriately led to Black and African American patients being labeled as "healthier" than equally sick white patients.²⁵ To advance health equity, data analytics and algorithms must be inclusive, fair, accountable,

transparent and easily explainable.

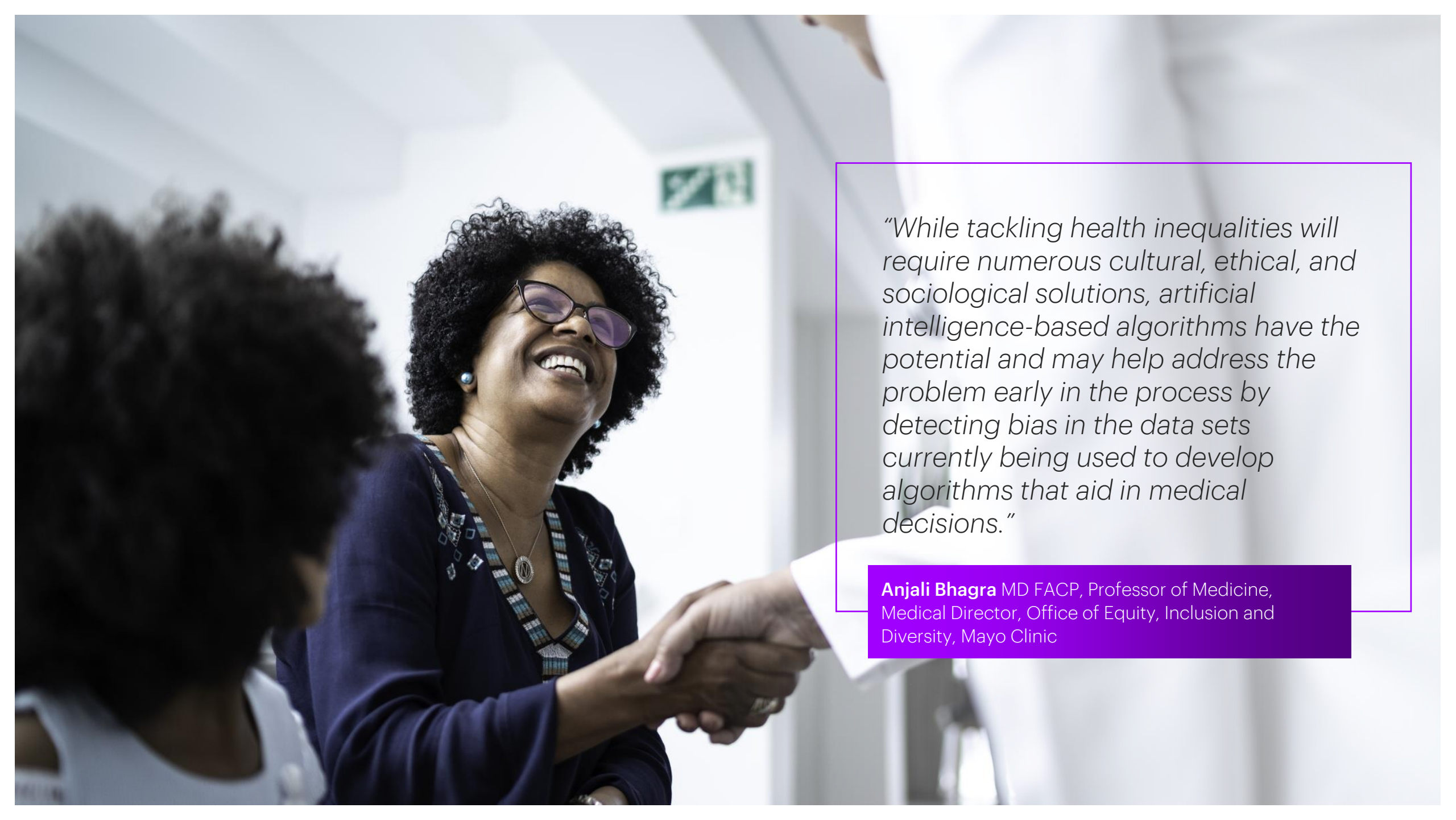


3. Create sustainable structural change

To make long-lasting, meaningful change, participants must ensure that their actions bring about structural change. Racism and implicit biases are embedded throughout the ecosystem. Addressing institutional policies such as inclusive hiring practices, the types of partnerships created, and how participants execute clinical treatment and tools will have far-reaching effects on the sustainability of the healthcare ecosystem. Additionally, engraining equity as a core tenant of participants' foundation will aid in normalizing these activities across the ecosystem.

Creating long-term, sustainable value through Total Enterprise Reinvention. A deliberate strategy aimed at setting a new performance frontier centered around a strong digital core to drive growth and improve operations.

Let's explore the next steps for various ecosystem players.

A woman with dark curly hair and glasses is smiling broadly while shaking hands with another person whose hand is visible from the right. She is wearing a dark blue cardigan over a patterned top and a necklace. The background is a bright, modern hospital hallway with a green exit sign on the wall.

“While tackling health inequalities will require numerous cultural, ethical, and sociological solutions, artificial intelligence-based algorithms have the potential and may help address the problem early in the process by detecting bias in the data sets currently being used to develop algorithms that aid in medical decisions.”

Anjali Bhagra MD FACP, Professor of Medicine, Medical Director, Office of Equity, Inclusion and Diversity, Mayo Clinic

Health Equity with digital at its core

Technology can address healthcare staff shortages, healthcare service deserts in rural or even urban areas, inadequate clinical trial participation and lack of access to services with a perceived stigma, such as mental and behavioral healthcare. Legacy technologies limit a company's ability to change, but a strong digital core built on cloud, data and AI enables continuous reinvention.

Technology is not a panacea, but now is the time to wield the power of a digital core and capitalize on next-generation technology advances. Implementation must be thoughtful to avoid unintentionally widening the equity gap. To achieve technology equity, data access must be democratized and solutions must be value based. All patients need equal access to technology—and patients shouldn't be left out. They should be empowered to leverage the technologies using digital literacy support to understand how to maximize the technology's potential.

Those courageous enough to embrace "Total Enterprise Reinvention" understand that reinvention is continuous. It is no longer a time-defined one-off but a capability continuously tapped by the organization.

As technologies are increasingly being developed and utilized, ecosystem participants must focus **on human-centered design, equitable implementation and patient engagement**. Tools should be developed in collaboration with community leaders to ensure they are easily accessible and usable by the patients they are intended to treat. Furthermore, participants should continuously monitor rollout, usage statistics and potential biases, and patients should be engaged to ensure they have all the necessary resources to leverage digital technologies adequately.



Beyond benchmarks to the art of the possible

Next-gen actions for each ecosystem participant

Following our framework to adopt a reinvention strategy, the next generation of actions can create more value for individuals and ecosystem participants than ever before.



Actions for **Healthcare payers and providers**



Mitigate bias in data analytics and algorithms

Employ critical evaluation when using non-user-generated demographic data

Analyze gaps in data collection and work with local community brokers (like EMTs, social care organizations, food pantries or schools) to inform available public (or purchased) datasets. This will produce more inclusive data around disease onset, hospitalization and adherence to treatment plans. Comprehensive demographic data collection is a health equity priority for CMS. ²⁶

Leverage existing member health processes and outcomes

Stratify them by race, ethnicity and language (REL), sexual orientation and gender identity (SOGI), disability status, rurality and other variables. Acknowledge bias and gaps in data analysis that don't accurately reflect communities.

Implement frequent and standardized audits

Assess algorithmic and data collection processes. Use machine learning auditing techniques to build in representational fairness, counterfactual reasoning, error rate balance and error analysis to account for confounding racial/socioeconomic factors.



Ensure inclusive product and service design

Ensure that cultural competency training, upskilling and credentials are embedded throughout the organization

Help meet cultural needs through third-party partners (e.g., SameSky, Violet Health, Spora Health).²⁷ Engage community-based organizations and leaders from the beginning. Defer to the community via interviews and keep them engaged in the design experience to create culturally appropriate service designs and facilitate omnichannel care access.

Focus on improving the health literacy of members

Create Explanation of Benefits (EOB) guides and claims material simplified at a more accessible reading level with clear, multilingual and culturally tailored content. Payers can also collaborate with third parties that focus on outreach to specific populations (e.g., CityBlock Health).²⁸

Implement omnichannel engagement strategies

Provide high-tech or analog/lower-fidelity digital alternatives for people to choose from. Providers can co-design experiences with trusted community leaders (like faith leaders, teachers, librarians and EMTs) using community networks for patients through sustainable partnerships with community-based organizations.

Actions for **Healthcare payers and providers**



Create sustainable structural change

Reinvent care delivery

New care delivery models must tie to payment innovation and address patient access and quality needs. Rising patient demand combined with decreasing provider supply will ultimately harm the most vulnerable among us. Health systems need to stabilize the existing workforce, source talent more flexibly, deploy top of license clinicians more effectively (focusing on what they trained to do) and reskill their teams.²⁹

Move from unsustainable one-time philanthropic efforts to scaled social investments

These social investments aim to improve social, economic, and environmental conditions in vulnerable communities while simultaneously creating opportunities for financial returns for investors. These programs, such as Kaiser Permanente's Thriving Communities Fund, address inequities at the root, generate value for the entire health system and empower underserved communities.³⁰

Align executive incentives to reducing disparities

Actions such as tying portions of annual executive bonuses to their success in reducing disparities create greater urgency, generate innovative and cross-functional solutions and prioritize health disparity initiatives. These incentives also create a trickle-down effect and permeate the rest of the company's culture as leadership emphasizes these actions (e.g., SCAN Health Plan)³¹

Develop care continuum plans that integrate clinical research

Every patient should have the opportunity to be matched to the best therapy for their personal situation, and that includes clinical research. In addition to clinical research improving adherence rates, underrepresented communities can access previously unavailable therapies.^{32,33,34} Incorporating clinical research into the culture of care through cross-disciplinary treatment teams and physician training can dramatically improve this access.³⁵

Actions for **biopharma companies**



Mitigate bias in data analytics and algorithms

Develop equitable algorithms

Set organizational diversity standards for any data leveraged for any R&D or other algorithmic purposes to ensure that data is more representative and less fragmented. Doing so will also streamline the ability to amalgamate this data for additional analyses on both social and clinical dimensions. Assess algorithms for bias potential/relative degree of inherent bias. Continuously revise algorithms as more diverse data sets become available. Develop non-biased diagnostic algorithms. Also, consider Institutional Review Board-type data auditing boards or 3rd party auditing of data and algorithms to identify risks and bias.



Actions for **biopharma companies**



Ensure inclusive product and service design

Incorporate health equity considerations in early development and at launch planning

Organize a cross-functional team with individuals who represent specific patient populations by demographic, geography, or living conditions. Tailor marketing plans and materials to include diverse perspectives from the voice of the customer research to appropriately reach the target patient population and respective healthcare professionals. Embed an assessment of distinct challenges for the target patient populations (e.g., socioeconomic, geographic, demographic). This can be achieved by setting new market research and ethnography endpoints that ensure adequate representation when determining the appropriate go-to-market and engagement methods. Co-create treatment guidelines with underrepresented communities' key opinion leader groups to influence diagnostic pathways, treatment guidelines and treatments downstream.

Enhance the patient experience across their entire journey

Involve diverse patients and caregivers (across dimensions of age, race, socioeconomic status, ability, etc.) in the design of the clinical trial protocol and associated planned experience. Incorporate more holistic segmentation and design mindsets to provide products and services tailored to specific communities thereby extending these thoughtful strategies across more disease states. Engage relevant partners (e.g., community-based, systems-based) to create patient support programs that drive care coordination beyond financial aspects, such as emotional support, transportation, etc.

Actions for **biopharma companies**



Create sustainable structural change

Ensure everyone can afford and access the latest medicines

Engage in innovative access models—pricing, distribution and contracting—that drive equity in access and reduce affordability barriers and further offset barriers for underrepresented communities through patient assistance programs, bridge programs, free trial offers and co-pay programs. Create new channels for access to services or treatments. Focus especially where communities of color are disproportionately impacted by lack of proximity to care for therapies that require access to a center of excellence (CoE) or academic center’s care. Ensure that access models drive equitable and broad access and that people from different demographic groups know, can access, and use these support programs.

Improve clinical trial diversity through multiple actions

Partner with non-traditional organizations such as retail pharmacies and local labs that are entering the clinical trial space to identify trial-ready, diverse patient populations quickly. Consider decentralized and hybrid clinical research methods to lower the barriers to entry that many marginalized communities face when accessing clinical trials. Develop diversity standards to ensure equal representation among investigators. Provide greater optionality for ways patients might engage with clinical trials in certain parts of the protocol. Identify target patient populations based on disease epidemiology and any social determinants of health that exasperate health status.

Actions for **public health institutions**



Mitigate bias in data analytics and algorithms

Use data and analytics to enhance decision-making processes

Create public health dashboards that are broadly accessible and communicate metrics stratified by race, ethnicity, gender and geography, focusing on reporting disparities. Invest in automated data capture and reporting that can produce closer to real-time insights to reduce process hurdles and increase the uptake of evidence-based programs by underrepresented communities.

Convene ecosystem partners to advance interoperability, such as enhancing the infrastructure for health information advances

Promote data sharing, interoperability and cross-agency/organization partnerships to be more effective in implementing and adopting programs and interventions.



Ensure inclusive product and service design

Develop health and life interventions

Develop and implement interventions to sustainably improve underrepresented groups' health and overall life outcomes. This may also be done through collaborations, such as public-private and community partnerships, providing ridesharing to help with transportation barriers or leveraging funding tools, like state waivers, to approve broader use of Medicaid dollars for social services related to housing, food insecurity, transportation and interpersonal violence.

Influence health equity accountability

Use contractual agreements to hold key partners responsible for health equity. For example, state contracts with managed care organizations (MCOs) can ensure accountability for health equity goals and build momentum. States can also increase the emphasis on outcomes-based care as well as support and review to key partners to ensure a health equity lens is being applied at each step of the decision-making process.

Actions for **public health institutions**



Create sustainable structural change

Implement more proactive public and institutional policies:

Intentionally think about how underrepresented communities would fare and benefit when advancing regulatory actions, rulemaking, and other policy levers. Analyze past performance of decision impacts on disparate areas beyond health, from labor to demand for social services as part of policy formulation process. Include social risk factors such as dual eligibility, low-income and rural residency as variables in the payment structure so that providers who disproportionately treat these patients are not penalized due to worse outcomes.³⁶

Create key partnerships across the entire healthcare ecosystem:

Create and lead interdisciplinary alliances that address the social determinants of health while including community members and leaders in these coalitions. Payers, providers, and community groups could better drive referral networks and organize tailored interventions if they worked together. Invest in and develop early-stage community-based organizations. Support the growth of early-stage organizations by connecting them with needed resources (e.g., government funding, infrastructure, technology tools).



“Solving healthcare’s most intractable problems that vulnerable communities face requires breaking down industry silos and co-developing research-based solutions from design to implementation .”

Nitesh Chawla, PhD

Founding Director, Lucy Family Institute for Data and Society
Accenture Health Equity Data Program at Notre Dame

Conclusion

The time has come for the healthcare ecosystem to act, individually and collectively, to address historical inequities. No ecosystem participant can do it alone—they must collaborate with one another and extend their actions across traditional organizational boundaries. Advancing Health Equity requires new skills and the outside-in perspective of understanding new technologies, communication and how to mobilize partners to achieve results faster.

By adopting a philosophy of continuous reinvention, healthcare ecosystems can keep redefining what is possible. Progressing health equity through continued learning, and change, will unlock more and more human and economic outcomes.

The next-gen action framework suggested in this document enables cross-industry collaboration and drives meaningful, long-lasting change for these participants and, more importantly, the underrepresented communities they serve.

Indeed, ecosystem participants have the opportunity to deliver more equitable care than ever before. While many organizations support initiatives at a corporate philanthropic level, these efforts should be strategically integrated into their businesses, driving sustainable value at every level. That integration should be unhindered by organizational siloes, which ultimately benefit individuals and allows organizations to drive business and societal value, thus improving health outcomes, reducing disparities, and creating a more equitable world.

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Methodology

Accenture Research leveraged data from the following sources:

- Population data was obtained from the U.S. Census Bureau and CDC
- Epidemiological data was obtained from the FDA, CDC, peer-reviewed literature, think tanks, and academic institutions
- Pharmaceutical sales data was obtained from Evaluate Pharma
- Clinical trial (duration and demographic) data was obtained from Globaldata³⁷ and peer-reviewed literature.

Once collated, data was combined from these different sources using assumptions that were appropriate and reasonable to each scenario. Values were then calculated from both a human perspective as well as a business impact perspective.

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Accenture is a leading global professional services company that helps the world's leading businesses, governments and other organizations build their digital core, optimize their operations, accelerate revenue growth and enhance citizen services—creating tangible value at speed and scale. We are a talent and innovation led company with 738,000 people serving clients in more than 120 countries. Technology is at the core of change today, and we are one of the world's leaders in helping drive that change, with strong ecosystem relationships. We combine our strength in technology with unmatched industry experience, functional expertise and global delivery capability. We are uniquely able to deliver tangible outcomes because of our broad range of services, solutions and assets across Strategy & Consulting, Technology, Operations, Industry X and Accenture Song. These capabilities, together with our culture of shared success and commitment to creating 360° value, enable us to help our clients succeed and build trusted, lasting relationships. We measure our success by the 360° value we create for our clients, each other, our shareholders, partners and communities. Visit us at www.accenture.com.

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