

# The Costs of Health Inequities

**Welcome!**

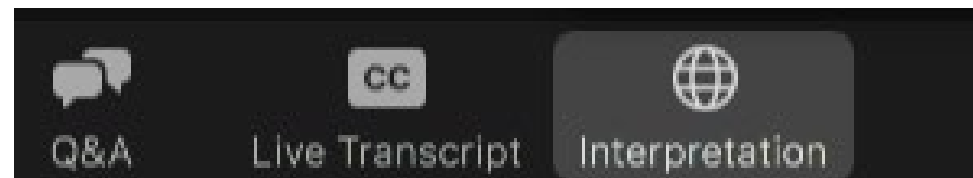
Program begins at 10:00 a.m.

This event will be recorded.

To submit questions, use the Q&A feature

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**Deloitte.**



## **Future of Health x Health Equity**

Duke University School of Nursing | The Cost of Inequities Event, February 22, 2023

# Agenda

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Future of Health™

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Inequity in Health

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Deloitte Health Equity Institute

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Q&A

**Future of Health™**

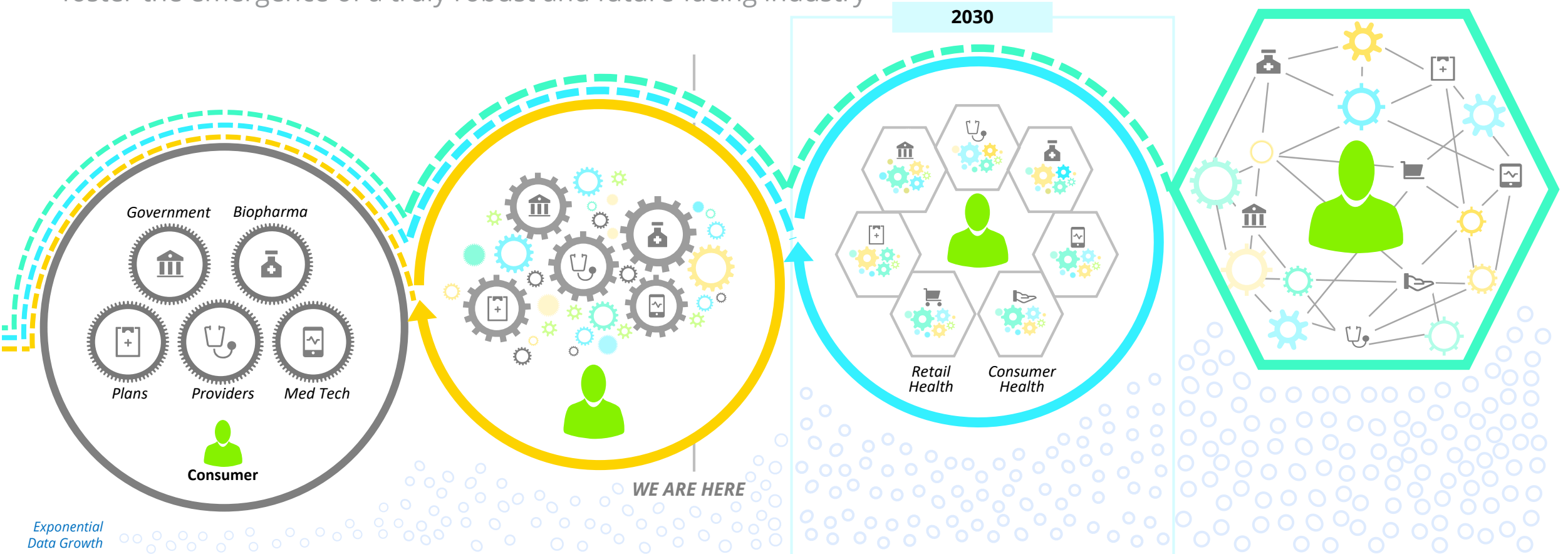
# The next wave of industry innovation

Health is in the throes of creative destruction, morphing industry and competitive structure to foster the emergence of a truly robust and future-facing industry

**Key**

**Industry Incumbents**

**New Entrants**  
 e.g. Technology, Telecom, Consumer - Focused businesses, Financial Services, and Native LSHC players



Exponential Data Growth

## Wave 0 Legacy Health Ecosystem

- Separate entities / assets serve a given need
- Siloed orgs, with misaligned macro-level incentives that maximize profit individually

## Wave 1 Industry Fragmentation

- Explosion of data & analytics and consumerism fracture this rigid system
- Other macro dynamics (e.g., COVID-19) accelerated this fragmentation

## Wave 2 Industry Re-Assembly

- Reconstruction around the empowered consumer, leveraging data & innovation
- Business models change, data is connected, and key players converge

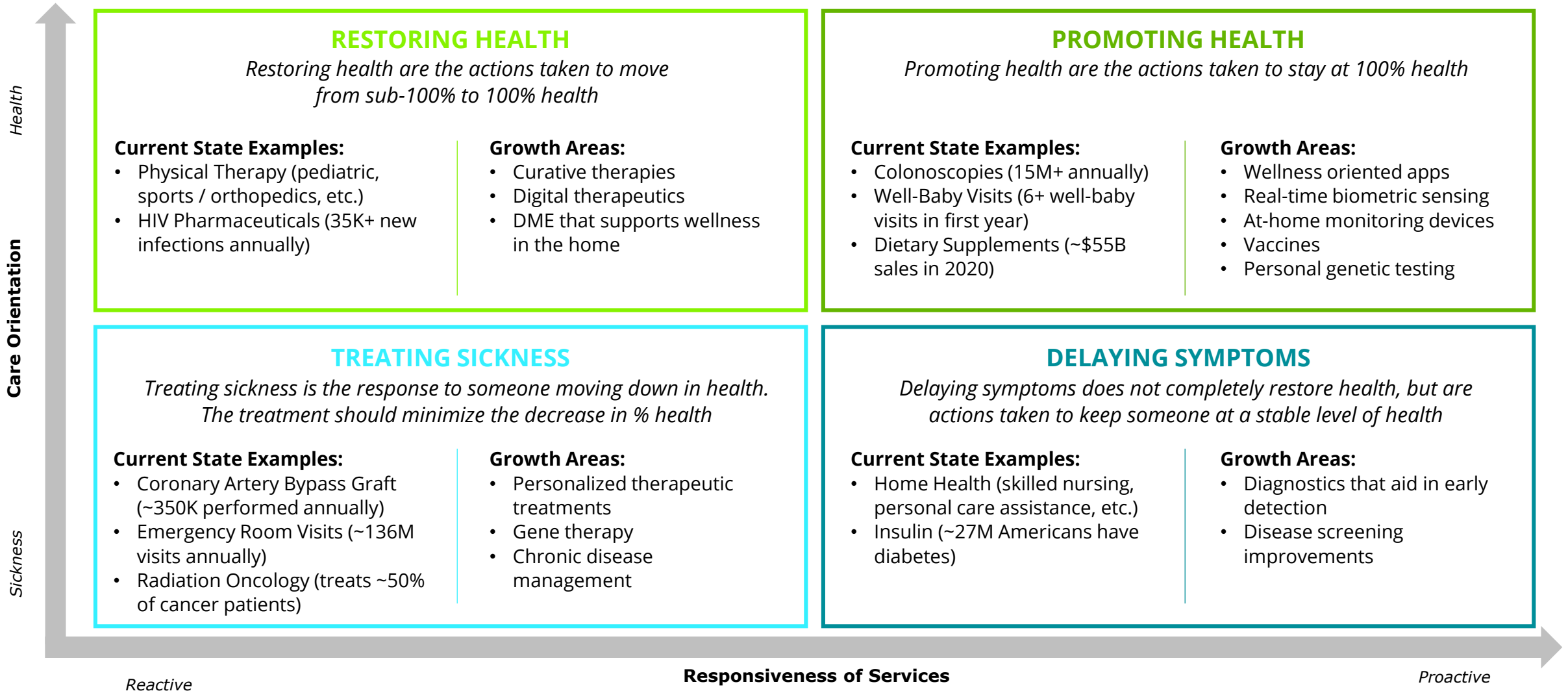
## Wave 3 Age of Biology & Beyond

- Networks and ecosystems become increasingly sophisticated
- Value from the system comes from wellness rather than sick care



# Health spend takes place across four broad categories

The health ecosystem historically focuses primarily on sickness, but there is meaningful health activity that goes beyond reactive sick care

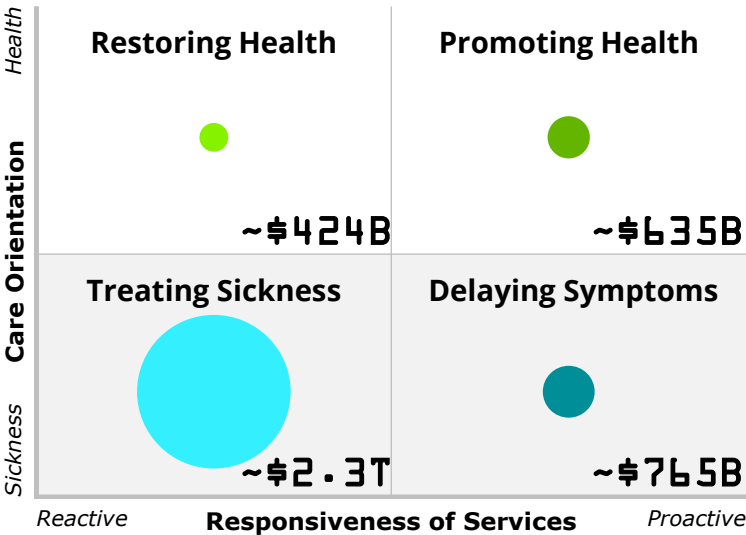


# The center of gravity in the US is shifting toward health care and away from sick care

The focus in the US is shifting, as the human and financial returns for promoting health and wellness are shown to outweigh those from a myopic, reactive focus on treatment of disease



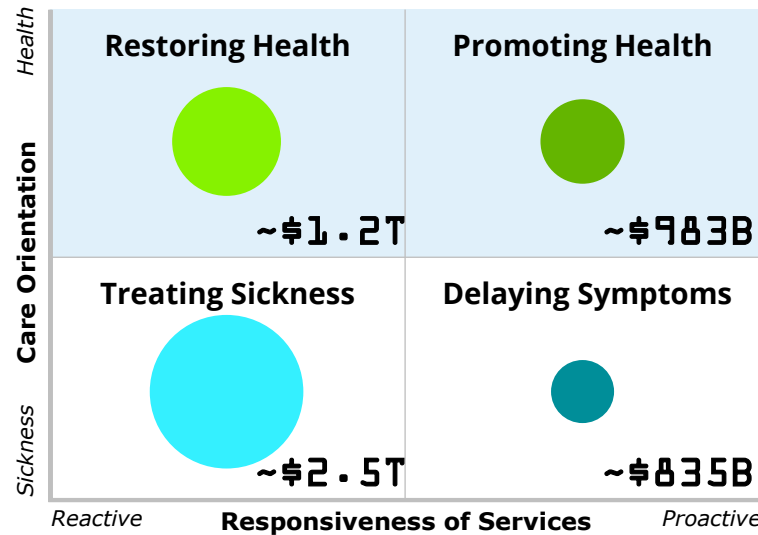
## Today (US, 2021): ~\$4.1 T



Nearly all of **today's spend** focuses on sick care; with 80% of spend on 20% of patients

## Tomorrow (US, 2030): ~\$5.5 T

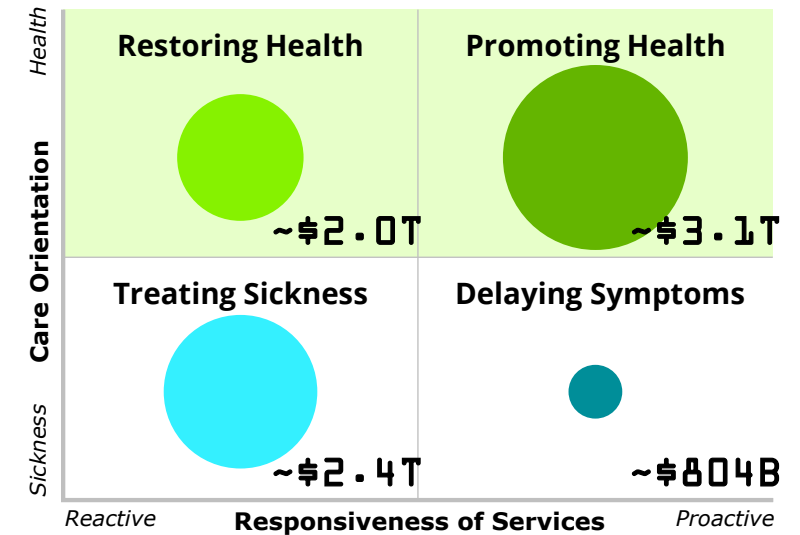
Projecting current trends forward, healthcare spend will continue to be sickness-oriented and expenditures will grow to ~\$7T in 2030



Over time, the **center of gravity is shifting** toward spending that promotes health

## The Future (US, 2040\*): ~\$8.3 T

Projecting current trends forward, healthcare spend will continue to be sickness-oriented and expenditures will grow to ~\$11.8T in 2040

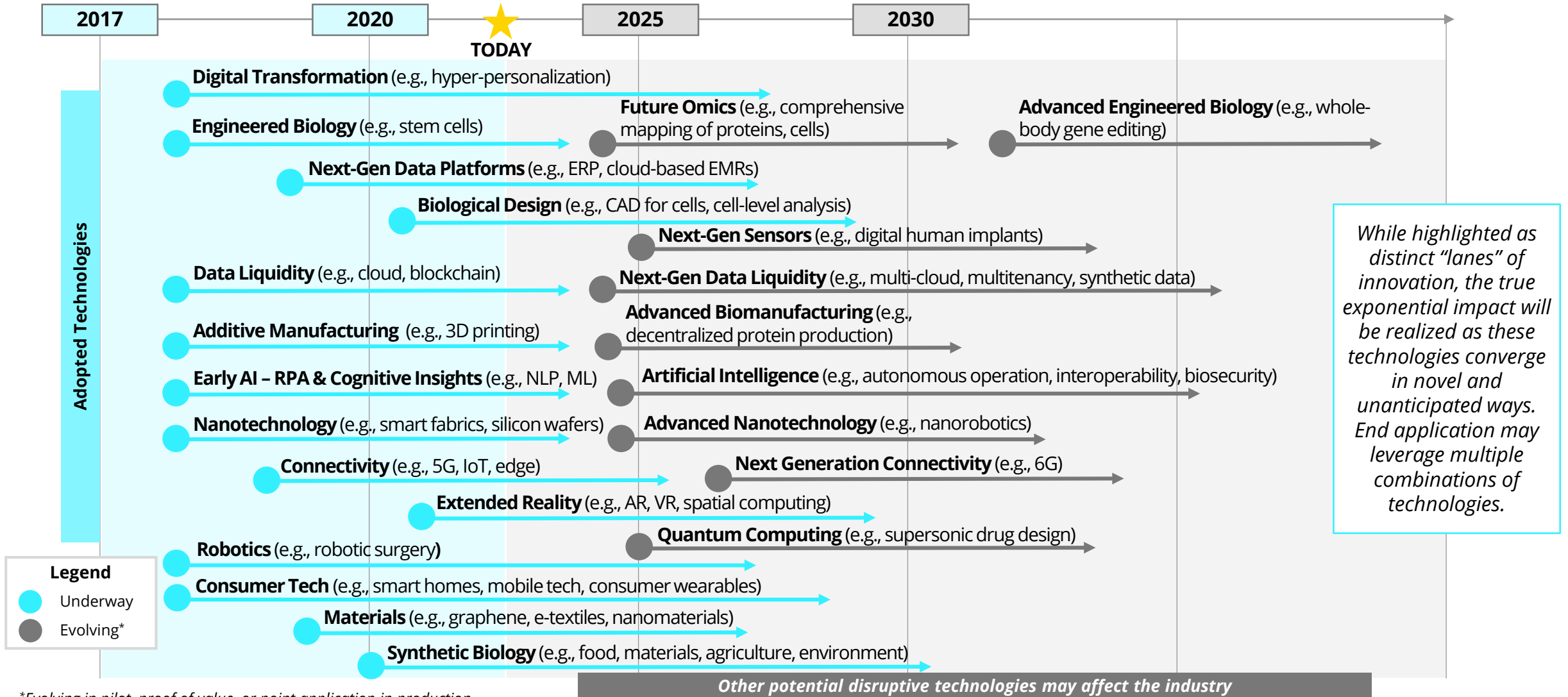


The Future of Health envisions a fully redefined ecosystem where **sick care becomes secondary** and well-being is prioritized

**"...[S]tartup investors are great at understanding that startups can grow exponentially but don't understand that markets can too" -Sam Altman (OpenAI CEO)**

# The Future of Health™ technology journey transformation

We are seeing life sciences and health organizations rapidly adopt new technologies and expect the sophistication and depth of technical solutions to rapidly expand as we near 2030 and beyond



*While highlighted as distinct "lanes" of innovation, the true exponential impact will be realized as these technologies converge in novel and unanticipated ways. End application may leverage multiple combinations of technologies.*

\*Evolving in pilot, proof of value, or point application in production  
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# The impact of macro market dynamics on the Future of Health™

Recent external pressures have accelerated the time horizon towards Future of Health and activated key drivers

## MACRO MARKET DYNAMICS

### COVID-19 PANDEMIC

Shaped the new reality of the industry, including critical dimensions across capabilities, patients, and workforce

### ESG

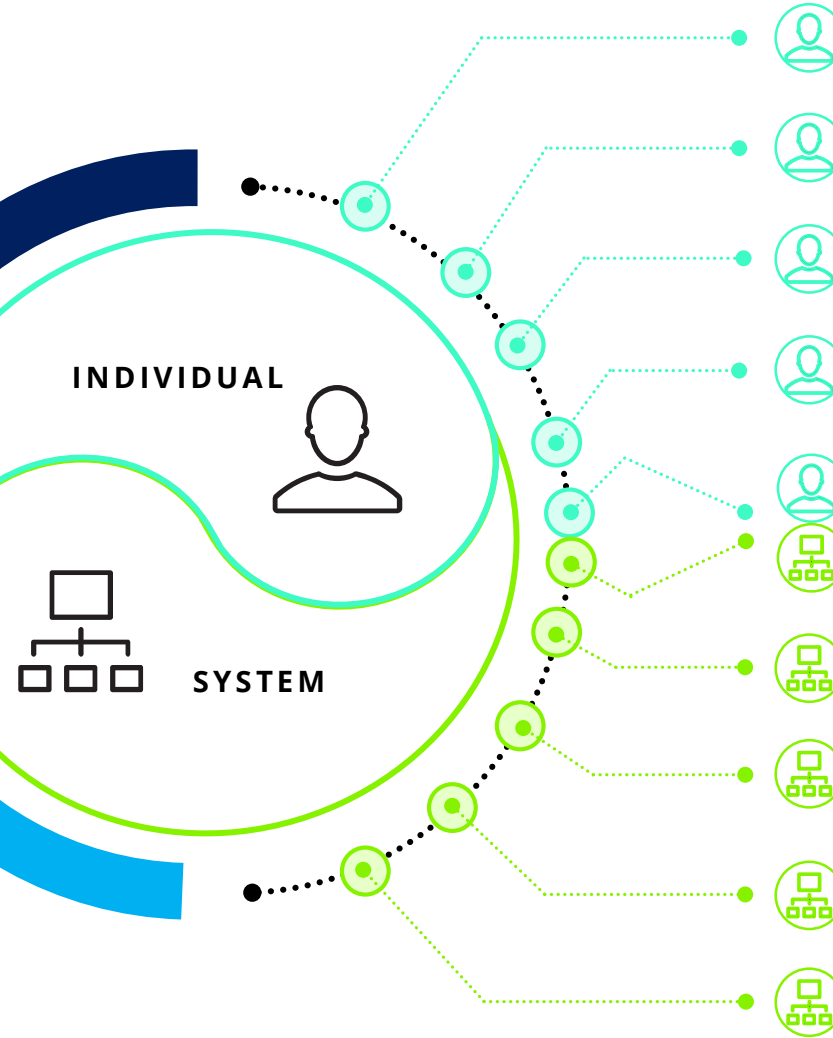
**Climate Change** - The complex relationship between climate change and health has become increasingly pronounced

**Health Equity** - Increased focus on helping individuals achieve their full health & wellbeing regardless of race, income, gender, etc.

**Stakeholder Alignment** - Growing alignment between C-Suite, consumers, and employees around ESG elements

### INFLATION

Although certain inflationary pressures may abate, others will not - implying ongoing need for action across the ecosystem



## FUTURE OF HEALTH DRIVERS

### Consumerism

Demand for convenience and transparency

### Data Sharing

Participation in and control of data sharing

### Institutional Trust / Social Contract

Trust in the care systems and obligation to care wellness of all

### Behavior change / nudging

Moving individuals to make different choices consistently

### Continued Innovation

Pace of technological change and innovation is accelerating

### Data Interoperability

Radical transformation of data architecture and analysis

### Platforms & Hypercompetition

Value-creating interactions between producers and consumers

### Networks & Ecosystems

Novel connections resulting from sector & industry convergence

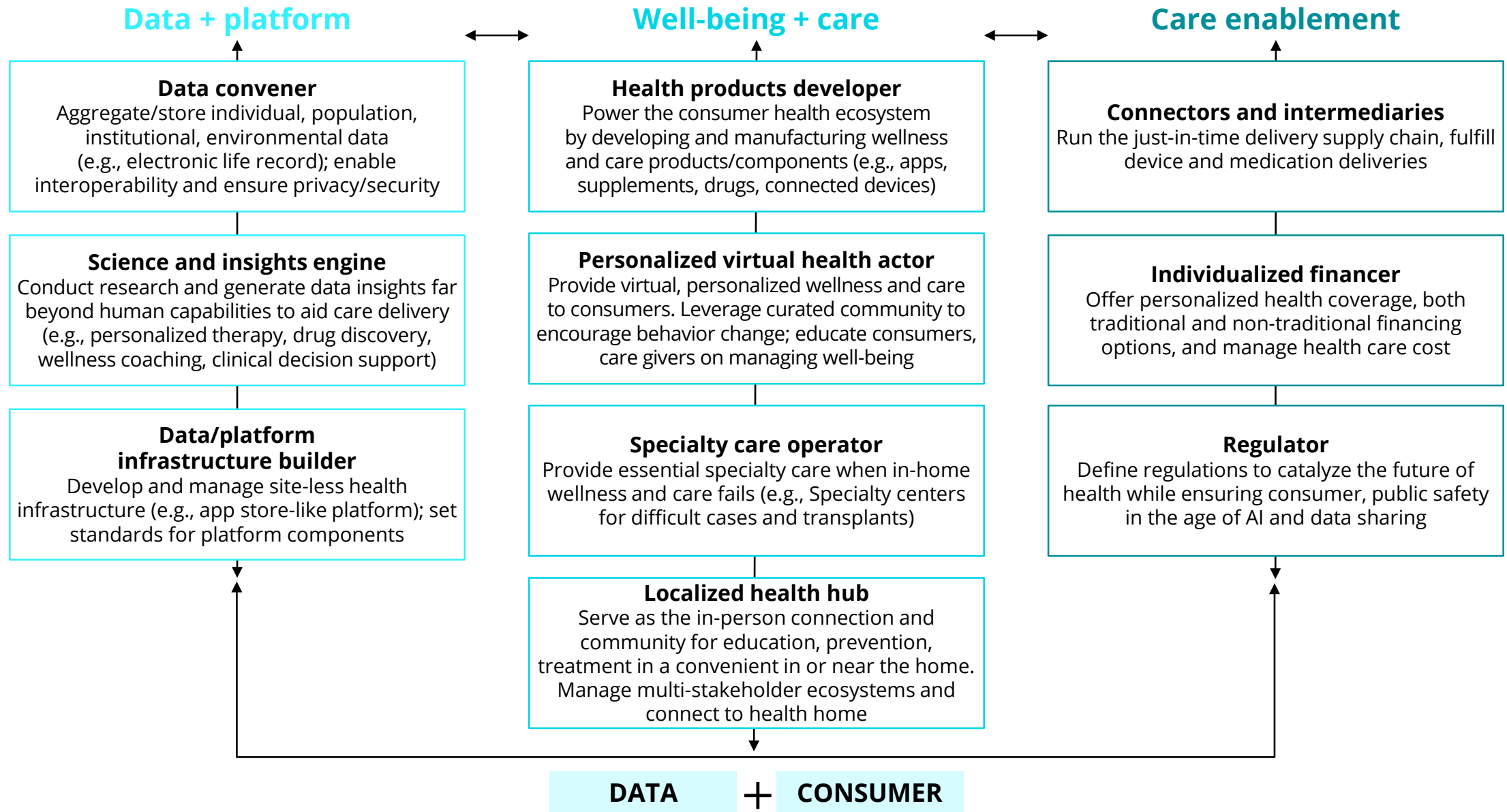
### Sick-Care to Well-Care

Shifting from a break-fix model via data dimensionality

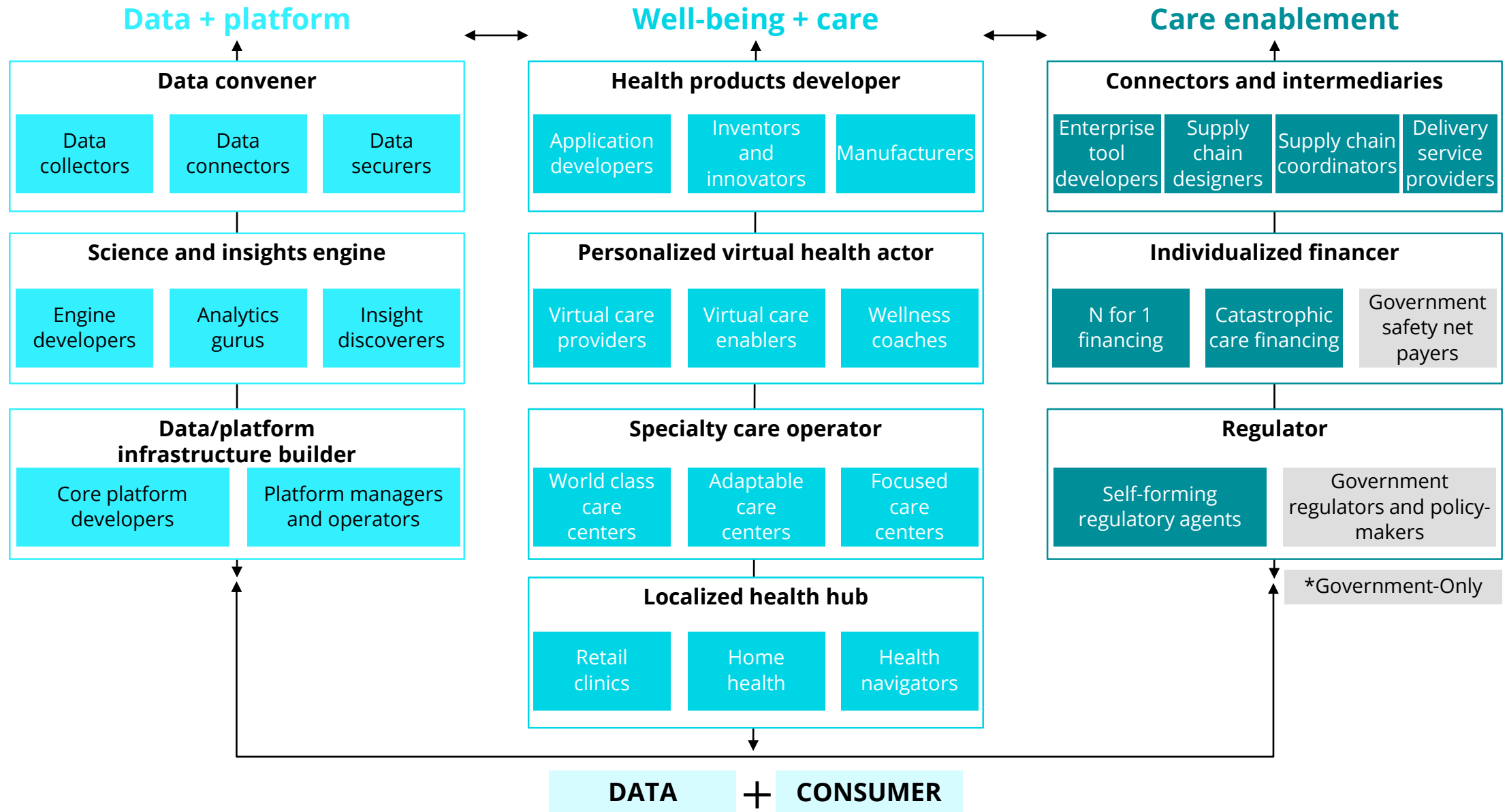
RATE OF CHANGE<sup>1</sup>



# 10 winning business archetypes in the Future of Health™



# 10 winning business archetypes in the Future of Health™



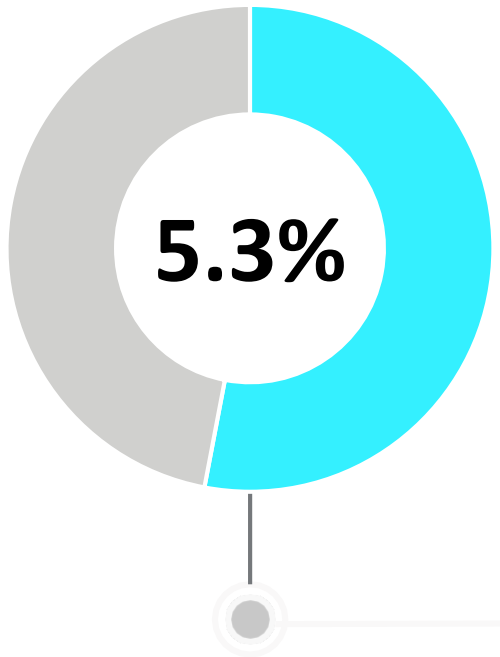
# Inequity in Health



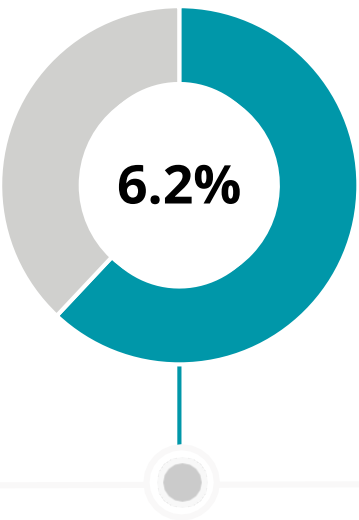
# The current trajectory of health care spending is compounded by health inequities

Quantifiable differences in health-related outcomes have been documented across many dimensions, including race, gender, age, location, disability status, and sexual orientation

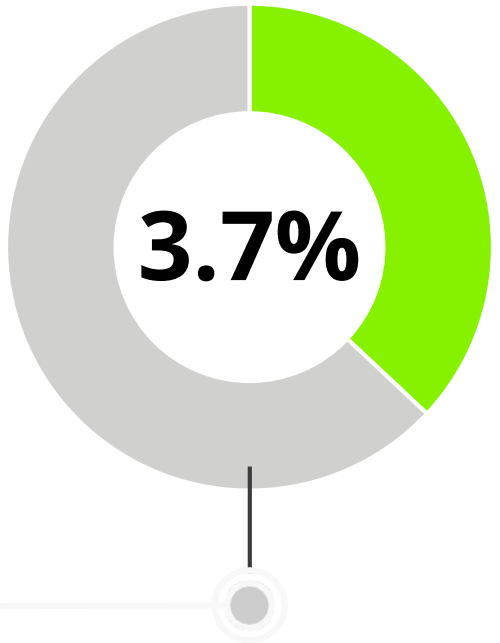
## Growth of US health care spending



**Current Trajectory**  
*Based on current CMS NHE projections, healthcare expenditures will trend at ~5.3%*



**Health Inequities**  
*Based on the demographics of the population facing bias and inequities in healthcare, Deloitte has estimated growth of healthcare expenditures for this population be at 6.2%*



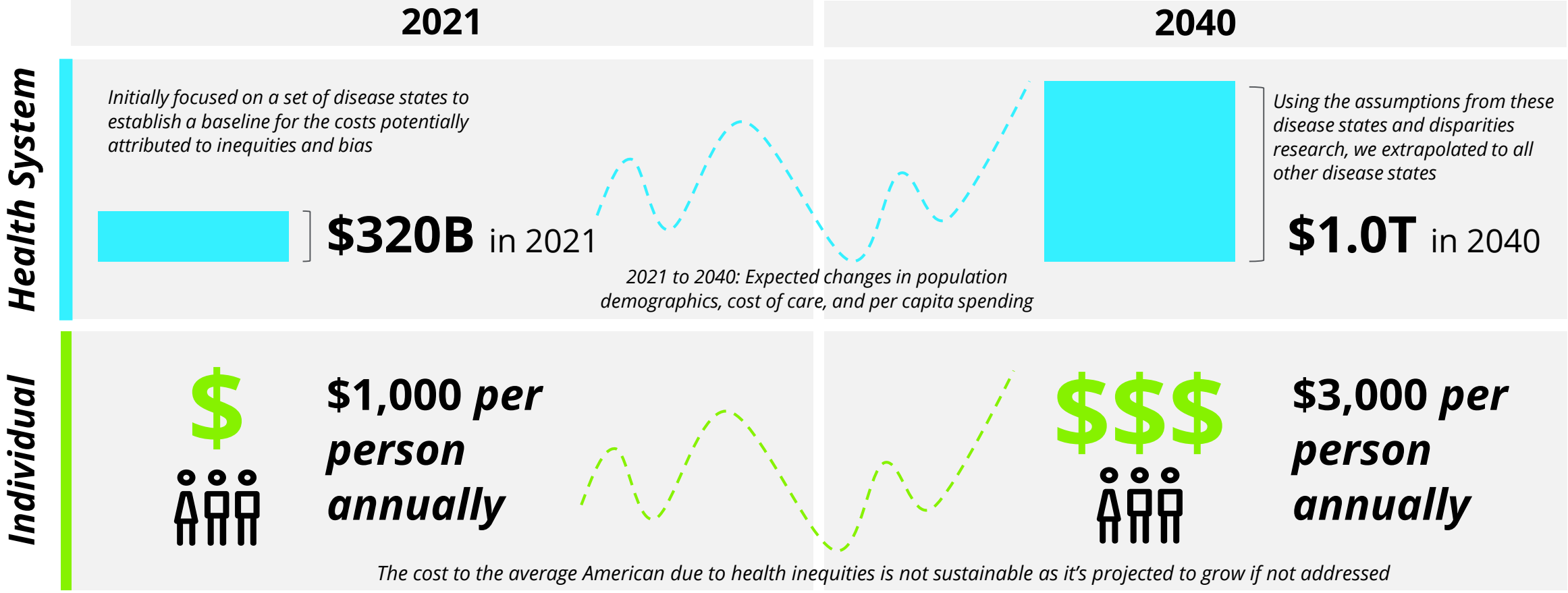
**Breaking the cost curve / Future of Health**  
*Deloitte's vision of the Future of Health estimates healthcare expenditures will trend at a much lower rate, 3.7%*

Compound annual growth rate today to 2040; Sources: Centers for Medicare and Medicaid Services National Health Expenditure Data and Deloitte analysis



# Deloitte estimates the cost of inequities will grow from \$320B today to \$1T in 2040

If the United States reaches this threshold, we could see a direct impact on affordability, quality, and access to care beyond the challenges that already exist



***This avoidable expense (in dollars and lives) is the result of an inequitable health system and could have major consequences for the health and well-being of all individuals.***

# Addressing health disparities can decrease health care spending

Health care spending tends to be higher among certain populations due to delayed care, access challenges, missed diagnoses, and limited access to the latest scientific advances as well as proper preventive services

	Disparity Highlighted	Disparity in Numbers	Annual Costs of Disease	% of Spending Associated with Disparity	Total Potential Cost Savings
<b>Breast Cancer</b>	Black women are more likely to be diagnosed with breast cancer at a more advanced stage	9% of Black women are diagnosed with breast cancer when the disease is at an advanced stage compared with 5% of white women	16B	0.4%	<b>\$57.4M</b>
<b>Diabetes</b>	Non-Hispanic Black adults are more likely to be diagnosed with Type 2 diabetes and are more likely to have complications from the disease	Black adults are 60 percent more likely than white adults to be diagnosed with diabetes and are 2-3x more likely to have complications	\$327B	4.8%	<b>\$15.6B</b>
<b>Colorectal Cancer</b>	Compared to whites, African Americans have a higher incidence of CRC, they are likely to develop CRC at younger ages, be diagnosed at a later stage, and are more likely to die of their disease	There is a 5% difference in screening rates for Black adults compared to white adults (~65% vs ~60%)	\$11B	0.1%	<b>\$15.6M</b>
<b>Asthma</b>	Asthma disproportionately impacts low income individuals and families	The asthma rate for those living under the FPL is 11% compared to ~7% for those that are >2x the FPL	\$56B	4.3%	<b>\$2.4B</b>
<b>Heart Attacks &amp; CHD</b>	Compared to males, female patients are less likely to receive an appropriate diagnosis when presenting symptoms of a cardiac event	Between 2013 -2016, the percent of patients with CHD who had history of a heart attack increased by ~4% for women while decreasing for men by ~3%	\$108B	1.2%	<b>\$1.3B</b>

# Strategic next steps for organizations to take to activate health equity

As companies are developing products and services, investing in their communities, partnering with others, and improving the diversity, equity, and inclusion of their workforce, they should consider designing for equitable health.

## BE INTENTIONAL

- Can we create new products and services, or enhance existing ones, to **improve the ability** to detect diseases early or prevent them altogether?
- Are the services and products we offer **affordable and accessible to everyone**?
- Have we **built support systems to improve access** to those products and services?

## FORM CROSS-SECTOR PARTNERSHIPS

- What are my organization's core capabilities?
- What new capabilities can be gained (and which existing capabilities can be enhanced) by developing relationships with other organizations?
- How can my organization create relationships with other stakeholders (peers, regulators, community organizations, etc.) to achieve health equity goals?

## MEASURE PROGRESS

- What data does my organization require to **understand the disparities of the population** we serve?
- Do we have access to that data?
- Is the data we use to make decisions **representative of the population**?
- Does the data we're collecting consider race and social demographics?

## ADDRESS INDIVIDUAL AND COMMUNITY-LEVEL BARRIERS

- Do we understand the unique needs of the communities and people we serve?
- How do consumers learn about our products or services? What is the most effective way to reach members of the community?
- How can we address nonmedical drivers of health to improve health and wellness within the communities we serve?

## BUILD TRUST

- Do we understand the perspective of the communities and people we serve?
- Are we creating a feedback loop that allows everyone to be heard and instituting processes to act upon that feedback?
- Does our internal workforce reflect the populations we serve or intend to serve?



# Deloitte Health Equity Institute

**Deloitte has crafted a *working* definition of health equity informed by extensive research and early socialization with trusted collaborators in the space**

Health equity is more than equal access to care. It is...

The **fair and just opportunity** for everyone to fulfill their human potential in all aspects of **health and wellbeing**

Health and well-being include **not only clinical issues** traditionally addressed by the healthcare system, but also a person's **mental, social, emotional, physical, and spiritual health.**

# Introduction to the Deloitte Health Equity Institute (DHEI)

## Our Aspiration

To move the field to achieve health equity as an outcome

## What is the Deloitte Health Equity Institute?

- DHEI was launched in 2021 to...
  1. Make strategic investments in **community organizations** to move the needle in health equity
  2. Further support Deloitte's **internal action** on health equity and offer **client service teams** with health equity expertise
  3. Galvanize change in the ecosystem by **sharing data, research, and insights**
- DHEI was created with support of Deloitte's new Purpose Office – which has made a **\$1.5B social impact investment commitment over the next 10 years** to support organizations focused on health equity, education and workforce development, and financial inclusion

## How does DHEI support collaborators?

DHEI focuses on taking a blended approach to **support our collaborators – who are leaders in the field** – to enable health equity as an outcome

### Potential modes of collaboration:

#### PHILANTHROPIC INVESTMENT

*Donations to support our collaboration*

#### PRO-BONO SERVICES

*Strategic consulting services to advance our collaboration*

#### KNOWLEDGE DEVELOPMENT

*Working together to create shared public thinking that advances change*

#### ANALYTICS

*Use of or access to Deloitte analytics resources*

### Supporting approaches:

#### DHEI TEAM ENGAGEMENT

*Strategic guidance and “arms and legs” support from DHEI*

#### NETWORK CONNECTIONS

*Catalyzing conversations and sharing our work across Deloitte's network*

*Note: DHEI investments focus on not-for-profit organizations.*

Health equity is more than equal access to care...

It is the **fair and just opportunity** for everyone to fulfill their human potential in all aspects of **health and well-being**

This includes a person's **mental, social, emotional, physical, and spiritual health**

It means **no one is disadvantaged** based on social position, race, geography, gender identity, income, veteran status, age, and beyond

...And there is a pressing need to act today to address existing inequities



### IT'S THE RIGHT THING TO DO

Addressing the underlying root causes of health inequities is a **moral imperative that requires business solutions**



### IT'S GOOD FOR BUSINESS

Organizations face **real costs** and **indirect operational impacts** as a result of health inequities and equity initiatives or the lack thereof



### ALL COMPANIES ARE HEALTH CARE COMPANIES

Organizations in **all industries have a role to play in addressing health equity** and it is in their best interest to contribute to positive health outcomes for their employees



# We've held that moving from the complexity of the challenge to impact requires focused action across four domains



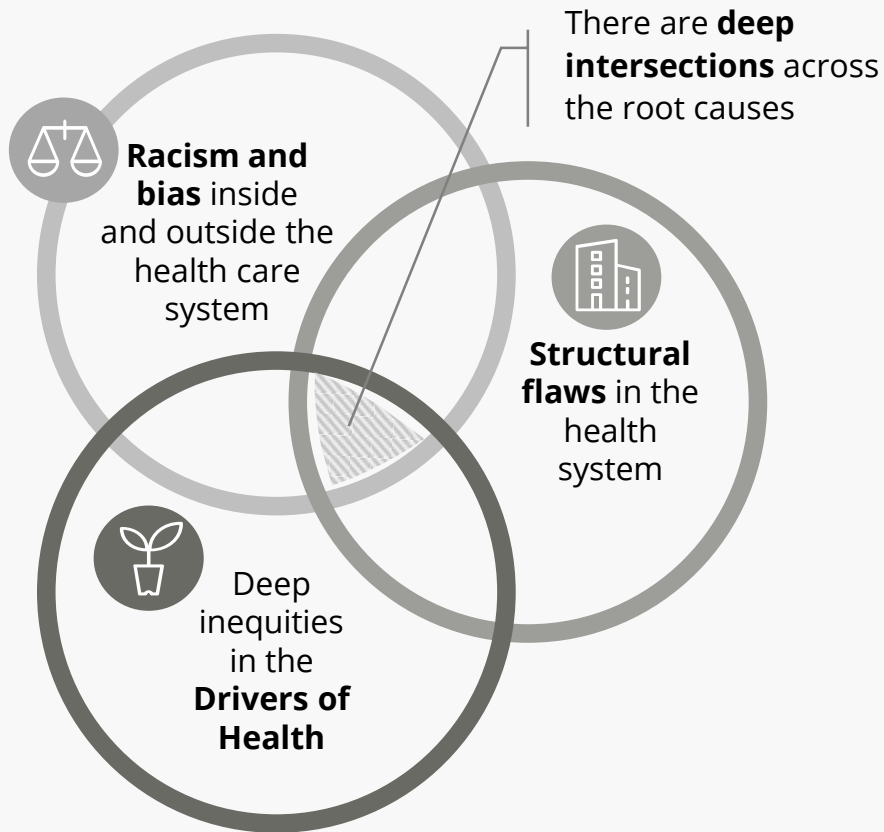
How do we “get our own house in order” and take real action on DEI and also address the **health, social, environmental, and economic needs** of our own workforce?

How do we make sure that our **products and services, and even our algorithms**, are generating health and well-being for consumers?

How will we **collaborate with and incorporate the voice** of the communities we recruit, operate, and invest in to achieve sustainable and equitable health outcomes?

How do we leverage the full power of our supply chain and partners to amplify our positive **impact in the industry and nation** through intentional and equitable relationships, policy advocacy, and public action?

# In order to achieve health equity at scale, we must impact the root causes of inequities



Health inequities, driven by the root causes, currently cost the US **\$320 billion a year**<sup>1</sup>

# DHEI works to address these root causes by investing to strengthen place-based change, drive health equity innovation, and activate key decisionmakers



## STRENGTHEN PLACE-BASED CHANGE

Strengthening **local ecosystems** and creating **proof points** for high-impact change



**NYC Focus**  
Low-income New Yorkers

Invested in **COVID-19 vaccination and maternal-child health best practices**

*Directly impacted the lives over **6,000 individuals** (and counting) through community-based work*



## DRIVE HEALTH EQUITY INNOVATION

Creating **scalable change** through programs on **the leading edge** of evidence, analytics, and systems change



**National Focus**  
Proximate innovators

Established cohort of **health equity social entrepreneurs to drive systemic change**

*Supported **10 leaders** across 8 early-stage, systems-change orgs through funding and capacity building*



## ACTIVATE KEY DECISION MAKERS

Create a **domino effect of health equity** actions and change



**National Focus**  
Black leaders

Inspired directors to activate equity through tools **socialized with boards**

*Reached more than **500 decision makers** nationally through **convenings** and **playbook development***

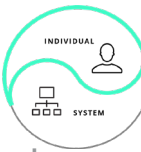
# DHEI's Current Group of Collaborators



# Q&A




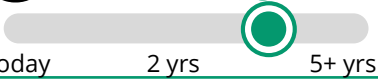





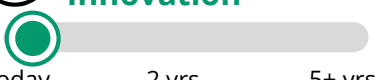


# Appendix



# Future of Health drivers impacting the individual

Health is in the process of reinvention from the consumer back rather than continuing to operate from the assets forward

KEY DRIVER	WHERE WE ARE TODAY	FUTURE OF HEALTH VISION
 <p><b>Consumerism</b></p>  <p>Today      2 yrs      5+ yrs</p>	<ul style="list-style-type: none"> <li>• Experience caters to the provider / system (not the consumer)</li> <li>• Consumers lack ability or knowledge to access &amp; act on their data</li> <li>• Business models align with shareholders / providers</li> </ul>	<ul style="list-style-type: none"> <li>• Consumer experience is fluid, responsive, and always on</li> <li>• Action-oriented pathways exist for consumer data</li> <li>• Consumer journey encapsulates a holistic definition of health</li> <li>• Business models aligns with consumer incentives</li> </ul>
 <p><b>Data Sharing</b></p>  <p>Today      2 yrs      5+ yrs</p>	<ul style="list-style-type: none"> <li>• Barriers prevent consumers from accessing / sharing their data</li> <li>• Secure data mobility is complex and unreliable</li> <li>• Data sharing is occurring with non-traditional stakeholders</li> </ul>	<ul style="list-style-type: none"> <li>• Data is interoperable and facilitates consumer centrality</li> <li>• Secure and private platforms protect data</li> <li>• Consumers exchange data for value / service</li> <li>• Sharing data rebuilds institutional trust</li> </ul>
 <p><b>Institutional Trust / Social Contract</b></p>  <p>Today      2 yrs      5+ yrs</p>	<ul style="list-style-type: none"> <li>• Lack of equity, access, and privacy / data security creates mistrust</li> <li>• Regulation limits the ability to navigate around low trust entities</li> <li>• Consumers act on health passively or reactively</li> <li>• Low familiarity with health obligations</li> </ul>	<ul style="list-style-type: none"> <li>• System focus is on outcomes and not value activity</li> <li>• Established mechanisms are in place for punishing bad actors</li> <li>• Mutual trust exists between consumers and the health system</li> <li>• Consumers understand their health rights and obligations</li> <li>• Bad actors are held accountable for their poor behavior</li> </ul>
 <p><b>Behavior Change / Nudging</b></p>  <p>Today      2 yrs      5+ yrs</p>	<ul style="list-style-type: none"> <li>• Business models don't factor in behavioral science economics</li> <li>• Lack of integration with health data prevents consumers from visualizing behavioral implications</li> <li>• Consumer's preferences and personalized motivators are often not factored into nudges</li> </ul>	<ul style="list-style-type: none"> <li>• Behavioral science insights are widespread and a core component of business and organization design</li> <li>• Integration of personal data enables consumers to clearly visualize the impact behavior has on outcome</li> <li>• Automatic adjustments to motivators and nudges allow for optimal efficacy through "n of 1" customization</li> </ul>
 <p><b>Continued Innovation<sup>1</sup></b></p>  <p>Today      2 yrs      5+ yrs</p>	<ul style="list-style-type: none"> <li>• Technology innovation continues unabated, but adoption faces headwinds</li> <li>• Closed research collaborations; proprietary data &amp; scientific platforms drive competitive advantage</li> </ul>	<ul style="list-style-type: none"> <li>• Exponential impact as technologies converge in novel and unanticipated ways</li> <li>• Technologies are widely adopted driving significant shift from treatment to prevention and cures</li> <li>• Open research collaborations with non-traditional tech players are at the center of consumer platforms</li> </ul>









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<sup>1</sup>Continued Innovation impacts both the individual and the system of health



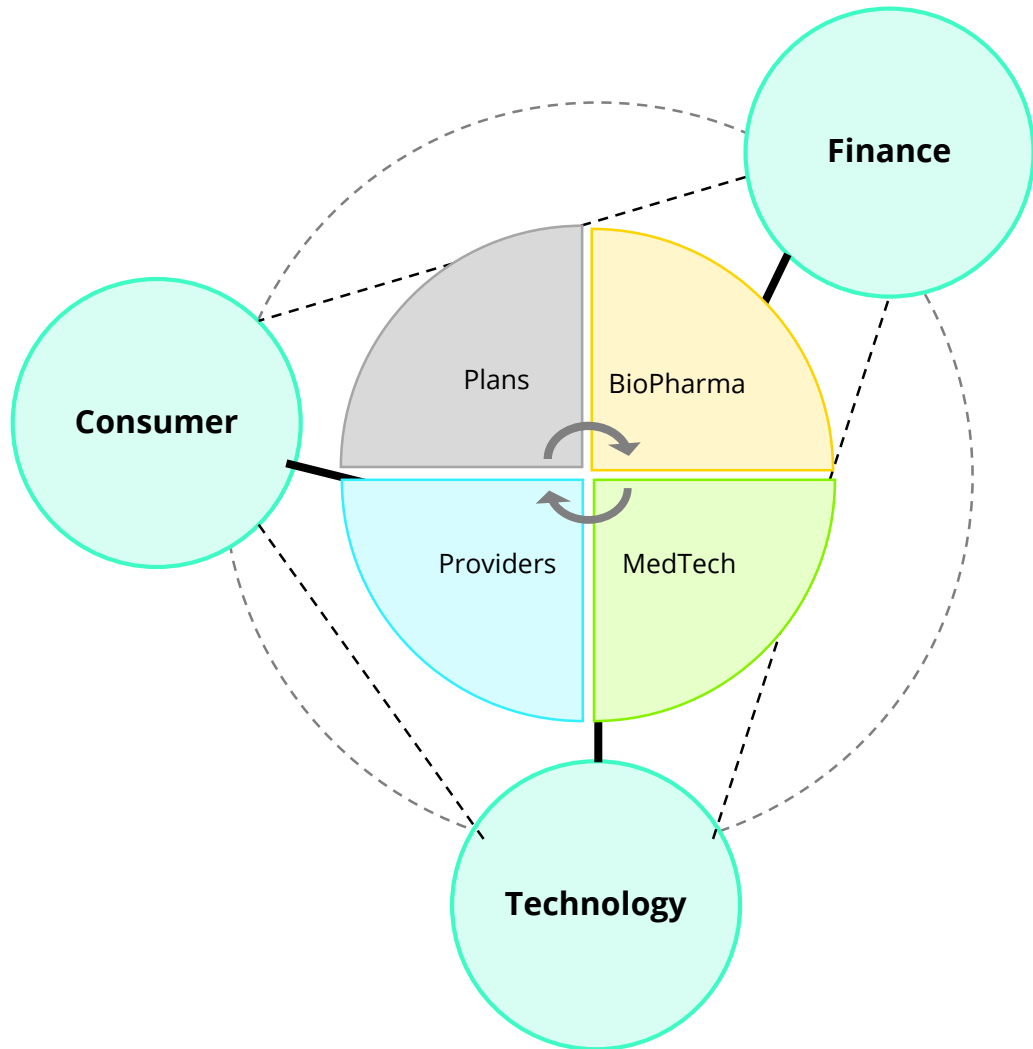
# Future of Health drivers impacting the system of health

Advances in data aggregation and analysis are redefining the industry's existing structure and its terms of competition

KEY DRIVER	WHERE WE ARE TODAY	FUTURE OF HEALTH VISION
 <p><b>Data Interoperability</b></p> 	<ul style="list-style-type: none"> <li>• Credible data originates from non-traditional sources</li> <li>• Data velocity accelerates towards real-time</li> <li>• Technical hurdles prevent full potential of interoperability</li> <li>• Legacy data sets are unlikely to yield much value</li> </ul>	<ul style="list-style-type: none"> <li>• Data is standardized, aggregated, stored &amp; continuously updated</li> <li>• Data sets provide a holistic view of the consumer &amp; their journey</li> <li>• Hypercompetition yields a few dominant data platforms</li> </ul>
 <p><b>Platforms &amp; Hypercompetition</b></p> 	<ul style="list-style-type: none"> <li>• Legacy industry structures are migrating toward consumer-facing platforms</li> <li>• Ongoing consolidation &amp; partnerships occurs with hyperscalers</li> <li>• Similar business models across stakeholders make it challenging to anticipate eventual winners</li> </ul>	<ul style="list-style-type: none"> <li>• Platforms become the dominant model and an efficient use of human and financial capital</li> <li>• New business models co-create goods and services</li> <li>• Hypercompetition results in a few winners emerging and many losers disappearing</li> </ul>
 <p><b>Networks &amp; Ecosystems</b></p> 	<ul style="list-style-type: none"> <li>• Businesses only capture part of the value chain by focusing on economies of scale, unique IP, scarce resources, &amp; brand power</li> <li>• M&amp;A is the primary mechanism to grow and diversify</li> </ul>	<ul style="list-style-type: none"> <li>• Profitability is a function of network centrality</li> <li>• Companies plug their core capabilities in multiple ecosystems</li> <li>• Ecosystems create wider customer reach, access to new capabilities, and increased revenue</li> </ul>
 <p><b>Sick-Care to Well-Care</b></p> 	<ul style="list-style-type: none"> <li>• Generalized / mass-produced interventions focus on reactive care</li> <li>• Unstructured or disorganized data prevents personalization</li> <li>• Procedure volume and price driven by a break / fix approach, rather than prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Symptom management / disease modification shifts to precise and curative therapies</li> <li>• Data dimensionality, AI, NLP, etc. personalize the health journey</li> <li>• Prevention and personalization of medicine results in rapid decline of procedure volume and price</li> </ul>

# Cross-Sector and Cross-Industry Convergence in 2030

Industry silos are breaking down, creating convergence within the LSHC industry. This is complemented by the influence of (or partnership with) outside industry players and capabilities



## Convergence Tailwinds:

- Gaps & Inefficiencies Of The Status Quo
- Rise of the Empowered Health Consumer
- Technology Innovation & Data Proliferation
- Shift from Sick-Care to Well-Care

## Convergence Implications:

- Cross-sector and non-LSHC stakeholders have an incentive to address existing system challenges and frictions
- Consumer centricity is a core competency of non-native entrants (e.g., retail, consumer) and growing capability of emergent players (e.g., health tech)
- Emergent players and non-native entrants have superior analytic capabilities to harness the explosion of health data
- The nature of Well-Care (e.g., hyper personalization, consumer-centricity) better positions emergent & non-native players

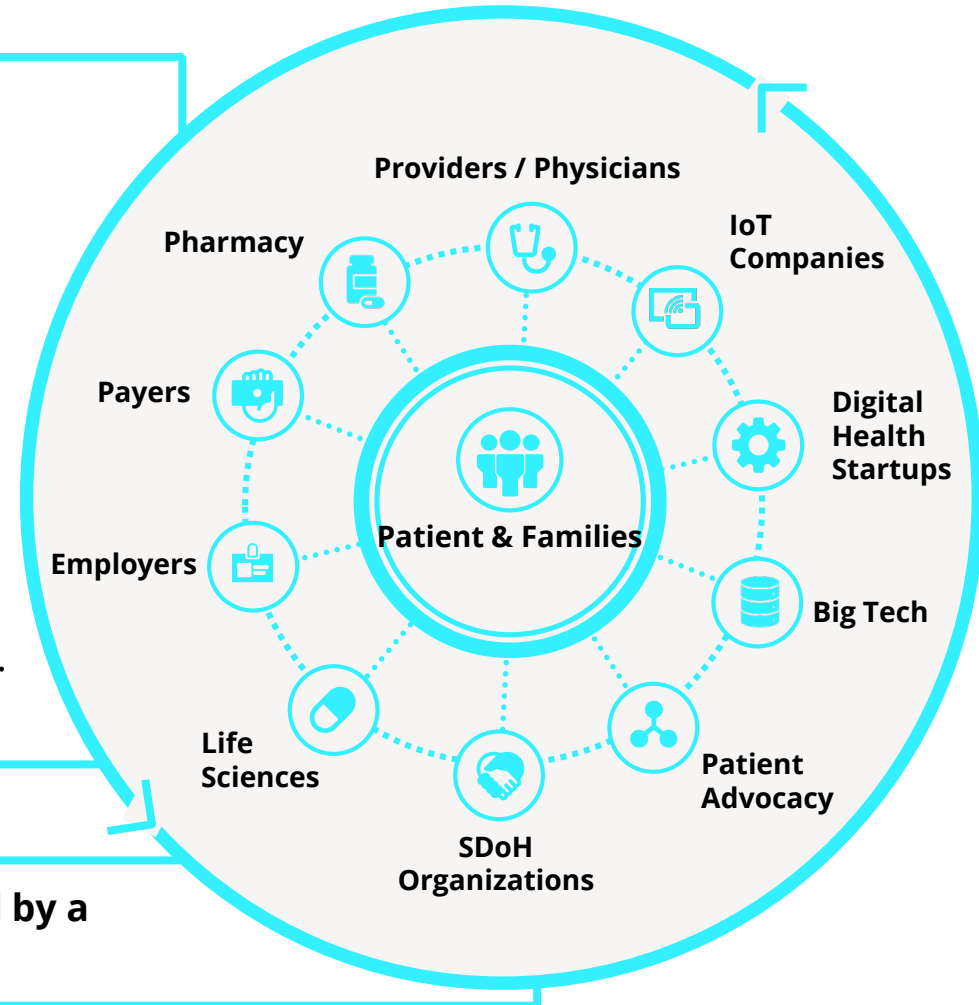
# Platforms & Ecosystems

As lines blur between industries, companies are forming purpose driven and digitally enabled ecosystems that enable the provision of services beyond their core business

**A platform** is a **business that enables value-creating interactions** and trade between external producers and consumers and facilitates the **cocreation** of goods, services, and ideas with the broader ecosystem

- **Platforms are more than a technology:** Using a platform alone does not create the necessary network effects to stimulate a platform business
- **Platform businesses are more powerful today** due to network effects made available through platform technology
- **Platform businesses fuel the generation of new revenue opportunities:** Ideas turn into products that may be licensed, spun out, or sold as services.

**Ecosystems** incorporate a web of **mutually beneficial relationships brokered by a digital platform** that enhances the value for all participants using the platform



# Characteristics of Platforms

Across industries, platform businesses have rewired the value chain. Currently, seven out of ten of the world's largest companies operate platform business models.

## PLATFORM PRINCIPLES IN ACTION

### 1 Accessibility of Under-utilized Assets

Access to **under-utilized assets**, platform businesses facilitated large value chain transformations and unlocked value

### 2 Delegation to Ecosystem

Partnerships with resources that platforms do not control; by delegating non-strategic assets to the ecosystem, platforms can scale rapidly

### 3 Modularized Components

**Modularity and standardization** in business and technology functions, rendering it easier for partners in the ecosystem to **plug and play** into the platform

### 4 Focus on Consumer Experience

Simplification and creation of an **intuitive and convenient** experience for users to drive adoption of the platform

### 5 Positive Network Effects

A focus on consumer experience, aggregates more consumers to the platform, which brings more producers, unlocking **virtuous cyclical value**

## PUBLISHING

Prior to Google, publishers would integrate publications and articles. However, Google **modularized individual pages** and **matched search results** with user profile data, **resulting in curated content**. They were then able to monetize it by enabling it to **sell highly effective advertising**.



## HOSPITALITY

Hotel incumbents were able to integrate visitors with vacant rooms using their brand to build trust. Airbnb disrupted this business model by **modularizing vacant properties** and **building a system of trust** between guests and hosts. As more guests seek rooms, more hosts join, causing **positive network effects**. Airbnb monetizes this by **charging a transaction fee** to the property owners for connecting them to the guest.

## TELEVISION

In television, broadcasts were tightly controlled by networks, as they integrated timed viewings and content purchases. Netflix was able to **modularize broadcast availability** by making its entire library available at any time to its subscribers. As its subscriber base grew, Netflix increased its content purchase capability, generating **two-sided network effects**. They **improved access to unused assets** (e.g., unstreamed content) and **charged a subscription fee**.



# Structural Advantages for Industry Players in Future of Health

Winning advantages for incumbents, emergent entrants, and non-native entrants



## INDUSTRY INCUMBENTS

*Classic industry players (e.g., Providers, Plans, Biopharma, Med Tech)*

### Established Brand

Consumer familiarity with incumbents' health services and solutions

### Access to Customers

Deep market penetration and established consumer relationships

### Robust Balance Sheets

Access to significant dollars to enable broad & meaningful investment

### Regulatory Fluency

Experience navigating, managing, and collaborating with regulators



## EMERGENT ENTRANTS

*Emergent players within the industry (e.g., health tech, consumer health)*

### Digital Natives

Business models are inherently digitally-driven and technology enabled

### Deeply Consumer Centric

Offerings, services, and solutions are hyper consumer-centric

### Agile & Hyper-Responsive

Efficient operations allow orgs to quickly pivot and adjust based market changes

### Elite Talent Destination

Attractive org brand and culture that draws top-tier tech & data science talent



## NON-NATIVE INDUSTRY ENTRANTS

*Established players entering health (i.e., tech hyperscalers, retail)*

### No Industry Commitments

Free from the weight of existing industry commitments

### Fresh Perspective

External experience facilitates novel approaches to classic industry problems

### Robust Balance Sheets

Access to significant dollars to enable broad & meaningful investment

### History of Success & Known Brand

Existing trust and proven track-record with consumers outside of health

# DHEI has launched an array of collaborations to help achieve our goals



## STRENGTHEN PLACE-BASED CHANGE

### ROBIN HOOD

*Remove barriers to COVID-19 vaccines for New York City's most vulnerable*

- Delivered **2k+ COVID-19 vaccines** through FQHCs and community clinics
- Published **two articles** that share lessons learned from program
- Plan to **expand programming** to initiatives in **maternal & child health and community health workers**



National Capital Area

*Activate trust to advance vaccination rates in Greater Washington DC Area*

- Launched ecosystem-wide COVID-19 access, awareness and trust-building campaign **targeting ~15K people in the D.C. area**
- Involved **35+ cross-sector organizations**
- Expanding programming to broader **preventative services** (e.g., HIV testing)



## DRIVE HEALTH EQUITY INNOVATION

### NEWPROFIT

*Provide 8 health equity organizations with funding and capacity-building*

- Delivered catalytic funding (\$100k in unrestricted funds + capacity building) to **10 leaders from 8 early-stage, systems-change orgs**
- Based on success of inaugural cohort, plans to **fund a second cohort are underway**



*Improve access to information on maternity care deserts and quality of care received*

- Co-created a **maternity care desert dashboard** with enhanced data
- Tool can be **used by Federal, State, Local, Academic and other stakeholders** to support the identification, education and resource alignment to combat the maternal health crisis afflicting women and children in the United States



## ACTIVATE KEY DECISION MAKERS



*Develop and launch Global Health Equity Network, shape health equity x ESG*

- **Co-launched the Global Health Equity Network (GHEN)** in September 2021 to convene cross-sector executive leaders across geographies that will commit to prioritizing health action
- **40 leaders** have been engaged and 4 publications have been launched



*Inspire Directors to activate equity through tools socialized with boards*

- Co-created a 60+ page, co-branded, public-facing **playbook was made available to all 300+ BDHEA members**
- DHEI has **activated at least 10-20 Boards**, including executive compensation being tied to changes in employee/consumer health disparities



 **Duke University School of Nursing**

# **60<sup>th</sup> Annual Harriet Cook Carter Lecture: The Costs of Health Inequities**

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February 22, 2023



# The Increasing Complexity of U.S. Healthcare

The New York Times

## Higher Bills Are Leading Americans to Delay Medical Care

Inflation and pressing household expenses are forcing some people to postpone health needs, an emerging trend that has health experts worried that conditions may only worsen.



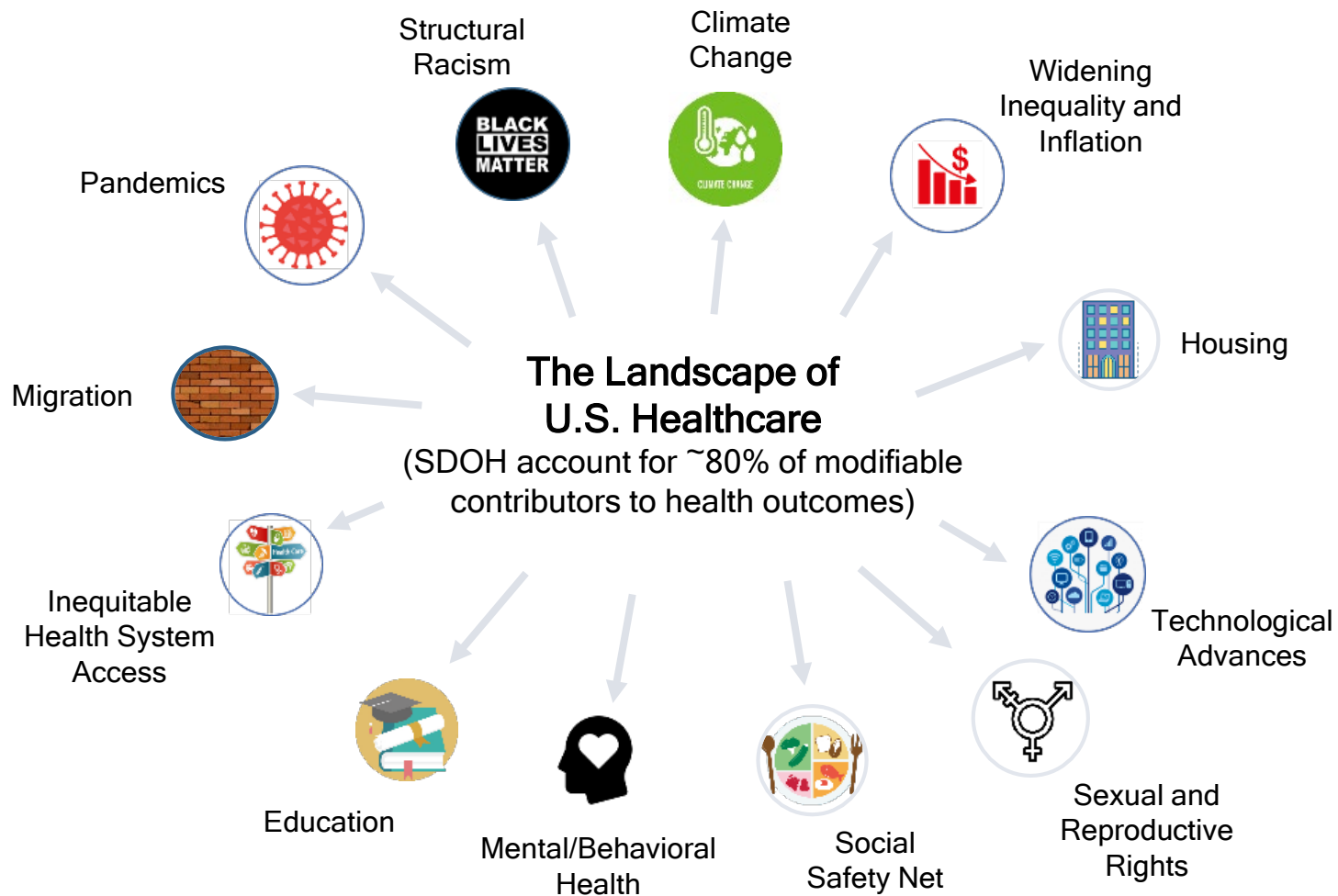
By Reed Abelson

Feb. 16, 2023



Megan Swanson with her daughter Jojo. Melanie Metz for The New York Times

Source: The New York Times

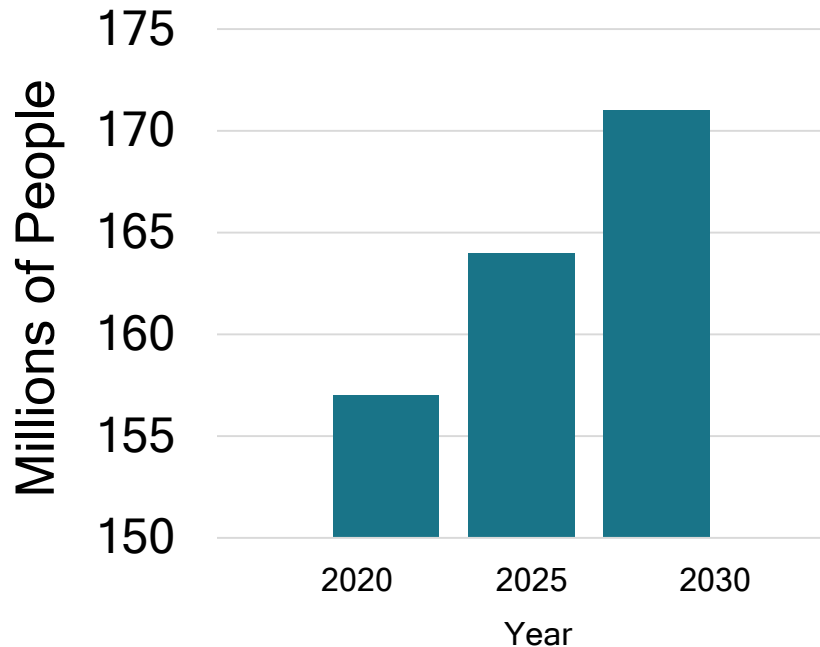


# Chronic Disease Morbidity and Mortality

## Morbidity:

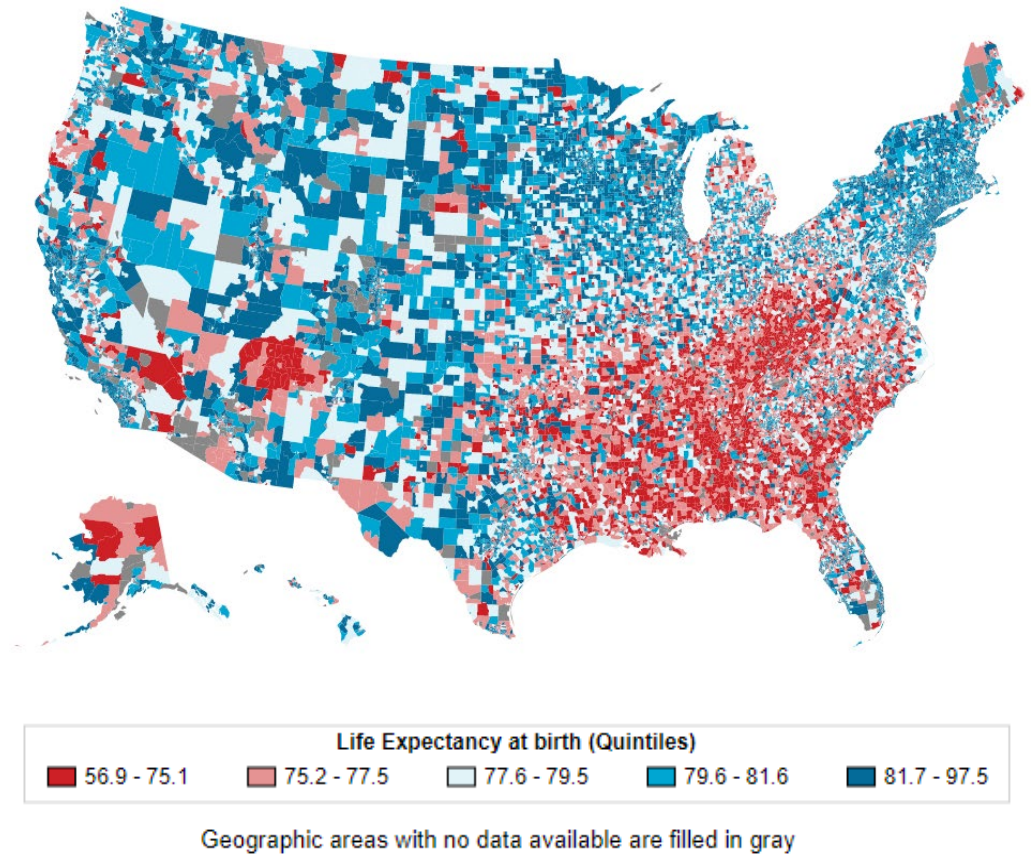
More than half of Americans already have a chronic disease, and the proportion with  $\geq 1$  chronic diseases is increasing.

Increasing Burden of Chronic Disease  
*Number of US adults with at least one chronic condition, projected*



## Mortality:

Life Expectancy at Birth for U.S. Census Tracts, 2010-2015



# The Financial Costs of Health Inequities

Without progress on reducing health inequities, their **cost is projected to triple** by 2040.

**Deloitte.**  
Insights

June 2022

## Modeling the future cost of health inequities\*

Cost of inequities in 2040  
**\$1 trillion**

Cost of inequities today  
**\$320 billion**

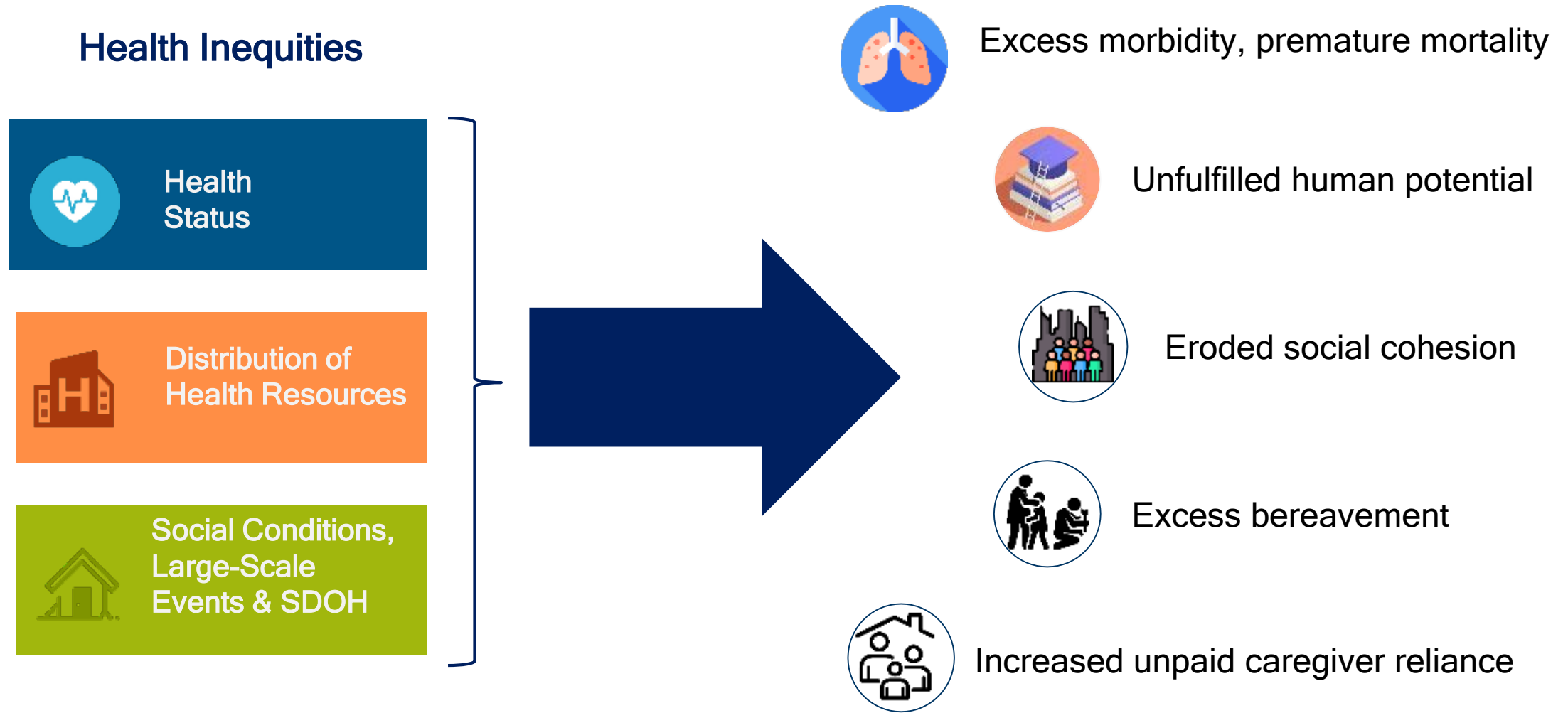


*Expected changes in population demographics, cost of care, and per capita spending*



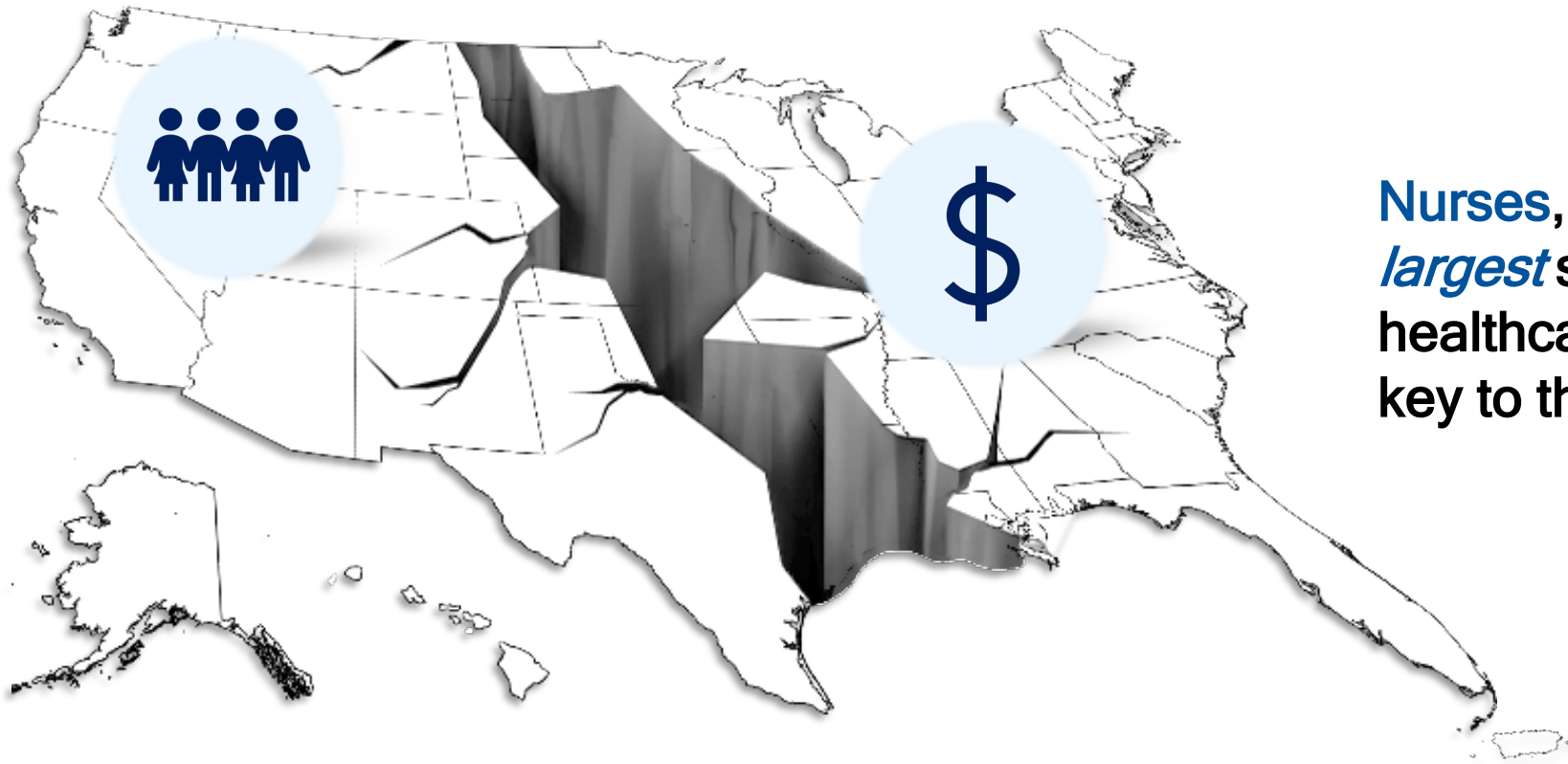
\*Calculations and estimates based on a set of high-cost diseases (e.g. breast cancer, diabetes, colorectal cancer, asthma, and cardiovascular disease) and the corresponding proportion of spending attributed to health inequities.

# The Human Costs of Health Inequities



# Reassessing the Current Approach to Healthcare

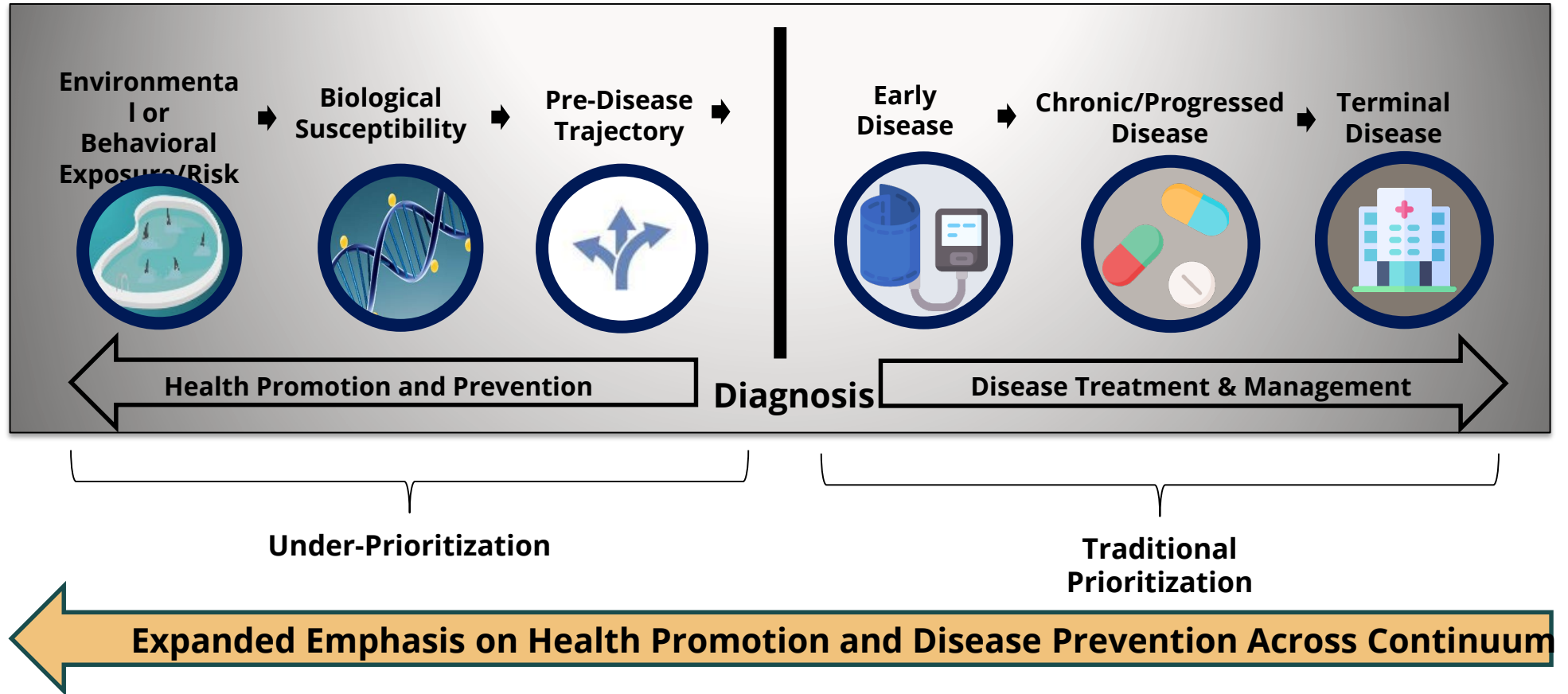
Without action—*a paradigm shift*—the future health and financial wellbeing of the United States is at stake.



*Nurses, a highly skilled and largest* segment of the overall healthcare workforce, hold the key to the future of healthcare.

# Towards a Whole-Person Model of Health

## The Health Continuum



# Advancing Health Through a Nurse-led Model of Care

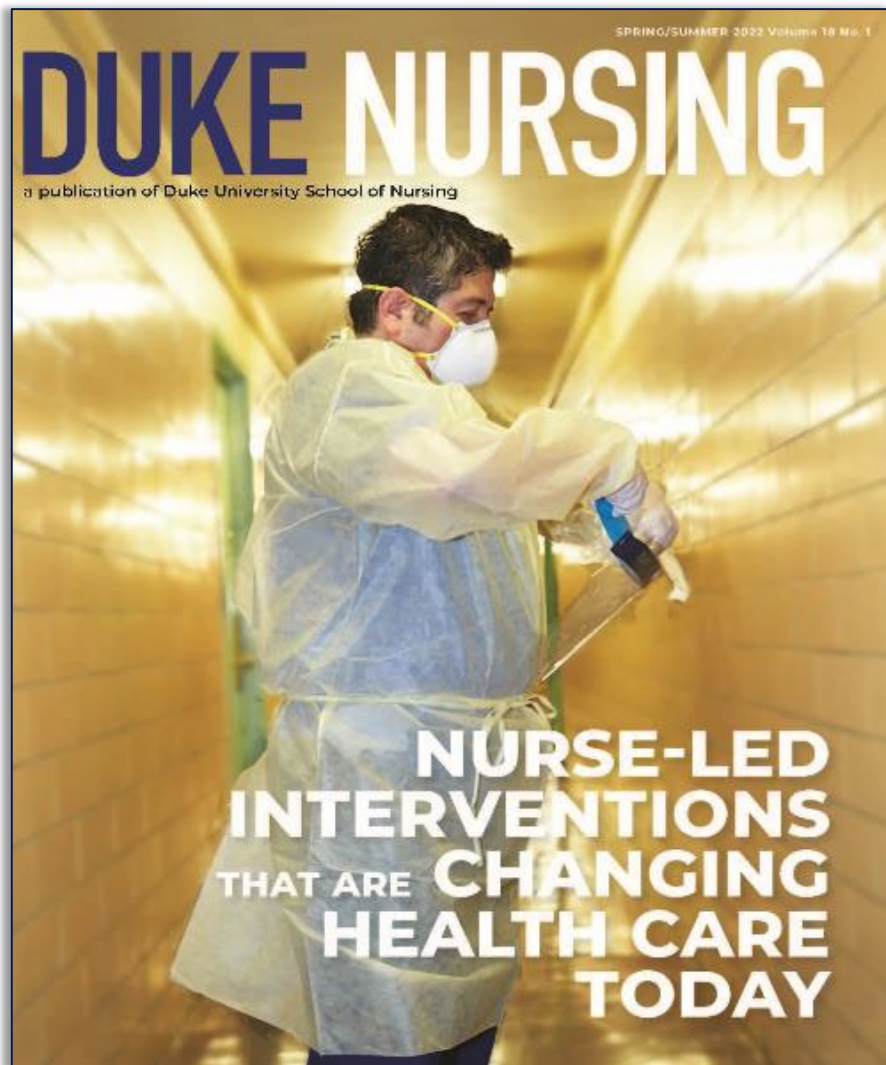


## Principles of a Nurse-led Model of Care with attention to...

- Competency-based clinical expertise
- Distinct levels of nursing practice and roles
- Application across the health continuum
- Mitigation of health inequities
- Interventions across the multilevel context of healthcare



# DUSON in Action: Development and Evaluation of Nurse-led Programs of Care



## DUSON developing and evaluating nurse-led programs of care:

### **Closing the Gap on Hypertension Health Inequities**

Dr. Bradi Granger

### **Implementation of an Evidence Based Parentally Administered Intervention for Preterm Infants.**

Dr. Debra H. Brandon,  
Dr. Rosemary White-Traut

### **Peer i-Coaching for Activated Self-Management Optimization (PICASO) in Adolescents and Young Adults with Chronic Conditions**

Dr. Sharon L. Docherty, Dr. Gary Maslow

### **Enhancing the Transition from Hospital to Home for Patients with Traumatic Brain Injury and Families**

Dr. Tolulope Oyesanya

### **The TALK: A Novel Mobile Application marketed in Barbershops and Beauty Salons for Black Fathers and Mothers to promote sexual health among Black male adolescents living in the United States South**

Dr. Schenita D. Randolph

### **SER Hispano: Salud/Health, Estrés/Stress, y/and Resiliencia/Resilience among Young Adult Hispanic Immigrants**

### **Dementia Inclusive Durham**

Dr. Eleanor S. McConnell

### **Mobile Prevention and Care Team (M-PACT)**

Dr. Donna J. Biedermann

### **Families Talking Together Plus (FTT+): A Family-Based Approach to Promote Sexual Delay and Strengthen the Evidence-Base for Sexual Risk Avoidance Education**

Dr. Vivian E. Guano-Ramos


### **Developing an mHealth Intervention that Leverages Social Networks to Improve ART Adherence among HIV-Infected Adolescents in South Africa**

Dr. Marta Mulawa

### **EXpanding Technology-Enabled, Nurse-Delivered Chronic Disease Care (EXTEND)**

Dr. Ryan Shaw

# Nurses Shifting the Paradigm: Healthcare's Future



**DUKE IS TAKING  
BIG STEPS  
TO END  
HEALTH INEQUITIES**

**New Mission:** We, at the Duke University School of Nursing, advance health equity and social justice by preparing nurse leaders and innovators with a commitment to improving health outcomes through transformative excellence in education, clinical practice, and nursing science

**New Tools:** Duke's Center for Latino Adolescent and Family Health has pioneered new thinking and tools to address health inequities. We invite you to visit [DUSONTrailblazer.com](https://DUSONTrailblazer.com) to explore our interactive guide to 8 key principles and an innovative new framework to better mitigate harmful SDOH

**New Faculty:** To complement the incredible work our existing faculty has done to address health equity; we have embarked on a Health Equity Cluster initiative to hire new faculty that bring additional areas of SDOH expertise to Duke.

# DUKE IS TAKING BIG STEPS TO END HEALTH INEQUITIES

Join us by visiting

[DUSONtrailblazer.com](https://DUSONtrailblazer.com)

