Building momentum toward health equity

The KPMG LLP health equity flywheel offers a framework for action and change

Health disparities are preventable differences among groups that stem from broader social and structural inequities. Long-standing, systemic factors such as discrimination, institutional racism, and social disadvantage create the persistent backdrop in which certain groups of people systematically experience greater obstacles to health. Chronic disparities can be observed and quantified when researchers parse the population by such group attributes as race or ethnicity, socioeconomic status, gender, age, cognitive or physical disability, sexual orientation, gender identity, or geographic location.[1]

Disparities in health are often the metric used to measure progress toward **health equity**, which is a state where "everyone, regardless of identity, ancestry, environment, ability, or [race has] a fair and just opportunity to be as healthy as possible."[2,3] Advancing health equity is inherently complex considering social, economic, contextual, and systemic barriers to health. Since determinants of health are so interconnected, tackling disparities through the medical sector alone will only have limited impact. Efforts to improve health equity, therefore, require a diverse set of dedicated actors who recognize that it will take a shared commitment to create sustainable change for those affected by historical and ongoing adversity.

The fact that certain groups are disproportionately impacted by health issues is not a new development, but the past few years have put health disparities in the spotlight. The COVID-19 pandemic, economic instability, unsustainable climate changes, and swells of social justice activism have all intensified societal attention to these inequities. To **respond to the needs of underserved populations**, policymakers and industry leaders must acknowledge the magnitude of these issues and seek ways to make an impact. Notably, the federal government has identified equity as a priority[4] through several Executive Orders and agency-level strategy updates, prompting agencies to assess their programs and policies, consider opportunities for stakeholder engagement, and develop salient approaches to advance equity. Many corporations are also working to boost internal diversity, equity, and inclusion (DEI) initiatives and beginning to incorporate health equity into their broader environmental, social, and governance (ESG) efforts.

Recognizing the significance of the moment, KPMG LLP (KPMG) undertook an effort to develop **a framework that can help organizations think about, and tackle, health equity issues**—regardless of what sector they serve, what expertise they have, what stage they may have reached, or what resources they can dedicate. This framework, the **KPMG health equity flywheel**, can support stakeholders in understanding their roles, asking the right questions to begin or continue their health equity work, developing meaningful partnerships, and realizing sustainable impact.

Why modern government is important

Government agencies in the U.S. must modernize in order to keep up with changing user needs, regulations, and health and public safety requirements. Leaders of modern governments rethink business processes and service delivery models to more effectively achieve their missions. This article is one of a series that features how modernizing affects the government workforce and the user experience, improves security and public trust, and accelerates the digital journey. KPMG team members offer insights intended to help guide governments in their modernization efforts to encompass all processes, technologies, policies, and the workforce so each works together to create connected, powered, and trusted organizations.

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Health inequities are significant and deeply rooted

The data has long been clear that disparities exist for many groups facing discrimination or exclusion across various measures of health. Below are just some **examples of concerning health differences that highlight the breadth and ubiquitous nature of the challenge:**

- **Disparities by race and ethnicity:** Communities of color often fare worse than their White counterparts across measures of health outcomes, access, and quality. Disparities include lower insured rates, less likelihood of having a regular healthcare provider, and limited uptake of some types of preventative care.[5] Many of these communities also bear a disproportionate burden of a spectrum of chronic conditions; higher likelihood of adverse birth outcomes, as well as infant and maternal mortality; and lower life expectancy.[6]
- **Disparities by sexual orientation and gender identity:** LGBTQ+ individuals are more likely than non-LGBTQ+ individuals to report being blamed for health problems or having their concerns dismissed by a healthcare provider.[7]
- **Disparities by geographic location:** People living in rural areas have higher burdens of preventable conditions such as obesity, diabetes, cancer, and injury compared to urban populations.[8]
- **Disparities by disability:** People with disabilities are three times more likely to miss getting needed care due to cost, even when they have insurance.[9] This community is also at increased risk of violence and injury.[10]
- **Disparities by socioeconomic status:** Nearly three-quarters of uninsured Americans claim that cost prohibits them from accessing coverage.[11]

The root causes of these and other disparities are varied, complex, and interdependent. **Structural inequities** such as racism, sexism, classism, ableism, xenophobia, and homophobia continue to be stark realities, even as many laud the progress that has been made over the decades. These disadvantages shape the way underserved groups experience social, environmental, economic, and cultural determinants of health.[12] Health determinants build on each other, compounding effects on individuals, families, and even generations. Because structural inequities become embedded in policies, social structures, practices, and institutions, they permeate lived experiences and strip away opportunities to attain good health.

Importantly, many of the contextual factors that affect health—and health equity—exist outside of the healthcare system. In fact, researchers estimate that **social determinants of health** (the conditions in which people are born, grow, live, work, and age) are responsible for 50 to 80 percent of health outcomes.[13] To be effective, efforts to narrow the gaps in health outcomes must acknowledge the roles and influences of multiple sectors. Moreover, given the multifaceted, interdependent nature of health, success is much more likely to be attained through collaborative, sustainable initiatives rather than isolated, one-off programs.

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Now is the time for action

Events and trends in recent years have underscored the necessity of tackling health inequity. Without question, the COVID-19 pandemic exacerbated existing health disparities in the U.S. and illuminated the unequal footing of different segments of the population when it comes to accessing and receiving healthcare. For example, data from the early days of the pandemic raised concerns about inequitable access to vaccines for Black and Latinx individuals,[14,15] as well as those with disabilities.[16] While some concerning gaps have narrowed over time, communities of color still generally experience higher case rates, and higher death rates, of COVID-19.[17] The pandemic also worsened mental health disparities for the LGBTQ+ community[18] and shed a harsh light on healthcare-access limitations in rural America.[19]

In addition, water crises in several states have shown the impact of environmental disparities on health, including potential long-term effects of lead exposure. Risks of unsafe water are disproportionally high for communities of color,[20] which are continuing to grapple with infrastructure failures and the effects of climate change.

Finally, incidences of violence and social injustice across the country have illustrated deep-seated discriminatory belief systems, with direct impacts on the physical, mental, and social well-being of people of color. Such prejudices can also impact individuals' access to services, experiences of healthcare, and social interactions, all of which can cause chronic stress and trauma that can subsequently lead to worsened health outcomes.[21]

These and other factors have energized social movements across the country that are **demanding change**.

Governments and businesses are taking note

Health equity is increasingly becoming adopted as an explicit goal among government agencies, which are recognizing equitable experiences and outcomes as part of their missions. Many federal and state agencies have assembled working groups and developed action plans to guide activities that "embed equity in day-to-day governing."[22] Stakeholders are seeing equity as not only a moral imperative, but also a strategic need, given the potential impact on American society, institutions, and the economy. While there is much work to be done, these efforts to redress inequities across government sectors can begin to mobilize resources, identify areas of need, and activate the values of equal opportunity and fair treatment.

We are at a stage when it's not someone else's problem to solve. It's all of our problem to solve."

Todd Ellis,
KPMG Principal, Healthcare and Life Sciences

Working toward health equity is also a business imperative driving broad segments of the market. Addressing health equity goes hand in hand with expanding into new markets, diversifying the customer base, maintaining customer loyalty, attracting and retaining top talent, enhancing brands, and supporting a more productive workforce. Further, the economic costs of inequity are markedly high: it is estimated that health disparities result in $135 billion in economic losses in the United States per year,[23] including a $93 billion annual price tag for avoidable medical costs[24] and $42 billion in untapped worker productivity due to absenteeism.[25]

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A framework for driving change

KPMG has recognized the **urgency of taking on health equity issues** as social activism, growing DEI programs, ESG mandates, and regulatory priorities converge to create real momentum. To prepare for addressing needs in this space, we created an evidence-based framework that is designed to prompt reflection and action toward health equity.

Through our engagements with clients, a major survey, internal and external interviews, advisory board sessions, exhaustive research, and much more, KPMG developed the health equity flywheel. Our *outside-in* and *inside-out* approaches provided a **holistic view of health equity** (Figure 1).

Our research and development processes were underpinned by three principles:

1. **Humility.** Experts in public health and other disciplines have been working in this field for decades. Entering into health equity work requires learning from available research and experience.
2. **Empowerment.** It is critical to amplify the voices of groups that have been historically disadvantaged, excluded, or silenced. Engaging with those who encounter inequities first-hand is essential. Individuals are the experts on their own lived experience.
3. **Multidisciplined.** A cross-section of viewpoints, roles, sectors, and industries is needed to create a thorough picture of health equity challenges and opportunities.

A holistic health equity approach

Outside-in

100s of articles, videos, podcasts, books, blogs, and reports

16 external subject matter expert interviews

15,000 health equity survey participants

10 interviews with those most impacted

Inside-out

7 KPMG subject matter professional interviews

3 advisory board sessions

1 cross-functional health equity knowledge share session

4 health equity engagements

Figure 1: *KPMG holistic approach to health equity framework development*

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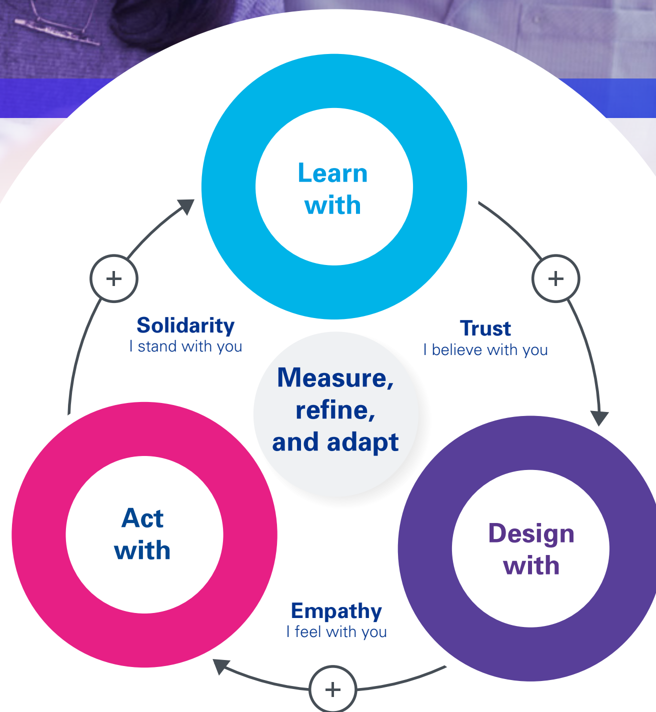

Figure 2: *KPMG health equity flywheel framework*

The KPMG health equity flywheel drives progress

The flywheel is a KPMG framework for asking the right questions to foster persistence and commitment to the process of working toward health equity, with each node fueling the next. The results are tailored interventions and policies that amount to meaningful change.

The three main nodes of the health equity flywheel (Figure 2) are:

- **Learn with your stakeholders**
- **Design with your communities**
- **Act with your partners.**

Each node entails taking action *with* others because successfully addressing health equity challenges requires collaboration. Doing health equity work together enables agencies and organizations to learn where to target efforts; which type of interventions are needed, feasible, and sustainable; and how to optimize resources and capabilities.

We selected a flywheel for this framework because it offers a meaningful metaphor for our health equity work. The wheel uses momentum as it spins to store energy. In practice, pushing a flywheel initially requires a high level of effort; over time, those early efforts establish a momentum that propels the flywheel to work faster and more efficiently. Likewise, early health equity efforts may be challenging, but each turn of the wheel plays a role in building momentum toward equity goals. The performance of the flywheel is not dependent on where you start but on persistence and commitment to the process.

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"Learn with"

The learning-based node of the flywheel focuses on gathering information, checking assumptions, and stablishing accountability. It involves a preliminary gap analysis and research to understand where disparities may exist, what may be causing them, and where there may be opportunities for impact. The objectives of this node are to mitigate the biases that are often implicit in institutions and practices, and to integrate antiracism, inclusion, and awareness into the organization's thinking, systems, and processes.

Some practical actions that can be taken at this stage are conducting community needs assessments, evaluating current data sources and capabilities to measure disparities, assessing internal DEI activities, leveraging data analysis tools to compare outcomes and experiences across groups, assessing linguistic and cultural competencies among service providers, and uncovering biases built into existing algorithms.

Key questions for learn with

Where do disparities exist?

What are the drivers and exacerbators of inequity?

What DEI efforts are in place?

"Design with"

The design-based node of the flywheel involves identifying and creating equity-driven strategies in conjunction with the people in the communities an organization serves. It is critical in this stage to reflect constituents' lived experiences, evolve solutions to meet their changing needs, build trust, and blend diverse perspectives. This node also reminds stakeholders to check their assumptions; a solution for one community may not be appropriate or effective for another community even if they share some similar characteristics or needs. Codesigning strategies to advance health equity will require ongoing and meaningful participation to identify problems, generate ideas, make decisions, plan and test interventions, implement changes, and review impact over time.

It is important to remember that, although local organizations are closer to where the action is, they don't always have the necessary funding and resources to bring these projects to life. This is where both corporations and government agencies can play roles in funding, providing structure, and offering guidance.

Key questions for design with

How can we build trust with those we are serving?

How do our objectives and processes represent community needs?

How can communities participate in problem solving?

How will we know if we are successful?

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"Act with"

The action-based node of the flywheel involves understanding the health equity ecosystem, teaming up with partners that can align on advancing health equity goals, and investing resources in approaches that can address barriers to health. Effective, sustainable solutions require collaboration and knowledge sharing among experts in both public and private sectors and across disciplines such as advanced analytics, product development, information technology, supply chain management, customer operations, and community activism. While healthcare system partners are crucial for health equity improvement, it is important to also engage with collaborators outside of the medical sector given the long-term influence of social determinants such as transportation, housing, education, and environment.

Finding the right partners is only part of the "*Act with*" node. Organizations should look to leverage tools, platforms, and technical capabilities to facilitate better communication, transparency, and interoperability. In addition, stakeholders should be explicit and reflective about the power dynamic between funders and fund recipients and seek out ways to hold collaborators accountable through clear objectives and measurable outcomes.

Key questions for action with

Who is part of the larger ecosystem?

How can we align our goals and leverage skills/resources to make progress?

How will we hold each other accountable?

If we did only one or two things, it would involve building accountability at the community level to create an effective and evolving healthcare ecosystem. Once community leaders are accountable, investments flow."

Ash Shehata,
KPMG National Sector Leader, Healthcare and Life Sciences

KPMG can help your organization move toward health equity

The KPMG health equity flywheel is the lens through which our teams look at health equity problems. It is a tool we use to ask the right questions, create intentional change, and set organizations on the most promising path for sustainable success. Informed by extensive research and frontline perspectives, the flywheel is reflective of the complexity of health inequities. Importantly, as a conceptual framework, it acknowledges the difficulty in initiating change, as well as the need to build momentum and collaborate with others. Because health equity is such a daunting issue to take on, it can be easy for organizational leaders to feel a little overwhelmed. But our approach is flexible and dynamic—it does not impose a particular starting place, nor does it force organizations to "boil the ocean." KPMG can meet organizations where they are in their health equity journeys, and work in partnership toward effective solutions.

As organizations start to consider options to make an impact, KPMG professionals can assist them in assessing their awareness, experience, and orientation toward health equity, as well as the contextual factors that can influence their efforts. Regardless of where you begin, KPMG can support health equity goals, transform ideas into meaningful action, and create sustainable results.

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About KPMG

KPMG has worked with federal, state, and local governments for more than a century, so we know how agencies work. Our team understands the unique issues, pressures, and challenges you encounter in the journey to modernize. We draw on our government operations knowledge to offer methodologies tailored to help you overcome these challenges and work with you from beginning to end to deliver the results that matter.

The KPMG team starts with the business issue before we determine the solution because we understand the ultimate mission. When the way people work changes, our team brings the leading training practices to make sure your employees have the right knowledge and skills. We help your people get value out of technology while also assisting with cloud, advanced analytics, intelligent automation, and cybersecurity. Our passion is to create value, inspire trust, and help government clients deliver better experiences to workers, citizens, and communities.

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Endnotes

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