

Strategies and Frameworks for Incorporating Community Perspectives in Health Equity

AOM 2023

Division Sponsor: Health Care Management
Session 1511, Republic B- 2nd Floor
Monday, August 7th, 2023 - 5:15-6:45 p.m.

AGENDA

- **Panelist Introductions**
- **Corporate Social Innovation: Framing the Conversation** – Jeana Wirtenberg, Ph.D., Associate Professor & Executive Director, Rutgers Institute for Corporate Social Innovation
- **Listening to Community Perspectives: A Research Study** – Justin Pallenik, Director, Insights, The Atlantic
- **Factoring in Cultural Competence, Humility, and Sensitivity** – Deidra Johnson, Vice President, Justice, Equity, Diversity, and Inclusion Advisory Services, Porter Novelli
- **Engaging Communities to Address Health Equity**– Manan Shah, Vice President, Head of Global Health Equity & Policy Partnerships, Bristol Myers Squibb, and Lecturer, Global Health, Rutgers University
- **Moderated Panel Discussion** –
 - Moderator: Jeana Wirtenberg, Ph.D., Ph.D., Associate Professor & Executive Director, Rutgers Institute for Corporate Social Innovation
 - Discussant: Wendy Purcell, Ph.D., Professor, School of Public Health, Rutgers Biomedical & Health Sciences
- **Q&A**
- **Concluding Statements**

Our Team



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Corporate Social Innovation: The Role of Business in Health Equity & Building Healthy Communities

Jeana Wirtenberg, Ph.D.,
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Rutgers Institute for Corporate Social Innovation

Our purpose is to develop the next generation of Corporate Social Innovation leaders and become a leading academic partner in addressing society's most pressing issues.



Educate: We provide executive, graduate and undergraduate curricula, professional development, employee training, and career opportunities.



Collaborate: We leverage our comprehensive methodology, academic excellence and university expertise to partner with, and support, organizations on their CSI journeys.



Inspire: We share best practices and translate research and knowledge through our thought leadership platforms.

Corporate Social Innovation (CSI)



Philanthropy, Corporate Social Responsibility, Corporate Volunteering

Advocacy, Activism, Public Policy

Shared Value, Purpose-Driven Leadership, B-Corporations

ESG, Paying a Living Wage, DEI, Stakeholder Capitalism

Centers for Disease Control and Prevention (CDC) Definition



Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.



Equity versus Equality

Equality



Equity



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Equality means each individual or group of people is given the same resources or opportunities.

Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.

The Role of the Private Sector



Good Health Is Good Business

*The Value Proposition of
Partnerships Between
Businesses and Governmental
Public Health Agencies to
Improve Community Health*

JUNE 2019



de Beaumont
HEALTH SOLUTIONS FOR HEALTHIER COMMUNITIES



Community health and business success are closely related. Companies depend on communities to provide healthy employees, consumers, and business partners, while communities depend on companies to offer jobs, stability, and opportunities to create wealth.



SNAPSHOT SURVEY: BUSINESS & GLOBAL HEALTH PRIORITIES



SELECT QUOTES FROM RESPONDENTS

QUESTION #2: HOW IMPORTANT IS GLOBAL HEALTH TO YOUR BUSINESS?

84%

OF RESPONDENTS SAID THAT GLOBAL HEALTH IS IMPORTANT OR VERY IMPORTANT

“[We prioritize] ensuring those in underserved and under-resourced communities can get access to the care they need.”

“We work in a highly regulated environment and effecting change can be very slow.”

“We're exploring how to build climate resilient health systems.”

“[Global health is] critical to sustainability, equity and economics.”

The State of Health Equity in Communities: Heart, Healing & Resolve

Justin Pallenik
Director, Insights,
The Atlantic

Methodology

Data from online survey (Feb– March 2023) conducted by **Atlantic Insights** (the marketing insights division of The Atlantic), reviewed by **Omnicom PR Group (OPRG)** and its key stakeholder networks, and executed by **Lucid**, a subsidiary of **Cint**.

Survey was **35 questions**, fielded to **6,001 respondents** in **four countries**: United States, United Kingdom, Germany, and Spain (1,500n for each country).

Questionnaires were **reviewed by native experts** and **designed with language differences**.

In the U.S. and Spain, questions were translated into Spanish, and in German for Germany.

An independent health literacy panel served as final survey editor.

Survey Limitations

Key limitations of our global survey included:

- **Required internet access**
- **Lack of accessibility for those with low visual acuity**
- **Limited translation options**

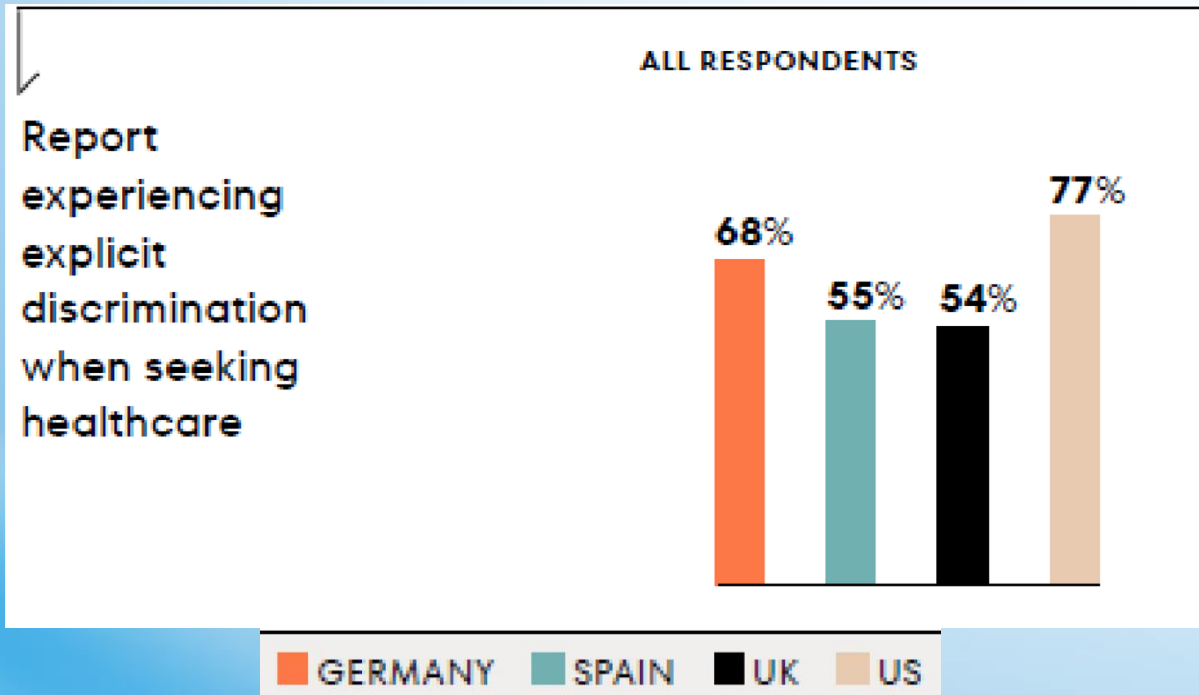
Moving forward, we seek to build on this body of research, not only by acknowledging these current shortcomings, but also meaningfully addressing them.

Our research to date has taken hundreds of cumulative hours across multiple teams and organizations, and we're grateful for all of the time and care paid by our partners to the communities.



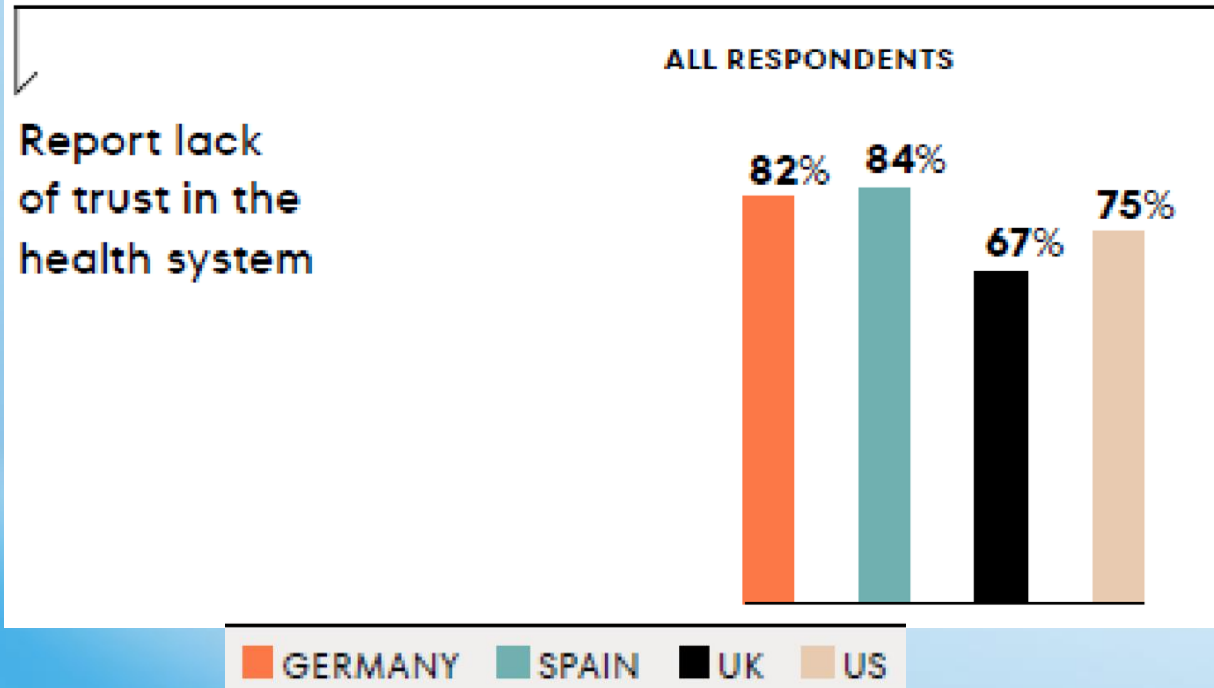
THEME 1: Discrimination

Discrimination remains a pervasive issue in healthcare systems globally, with many respondents reporting experiences of discrimination based on their age, weight, race or ethnicity, gender, finances, religion or faith, and sexual orientation or identity.



“Doctors need to be empathetic towards all patients.” – UK respondent

THEME 2: Broken Trust



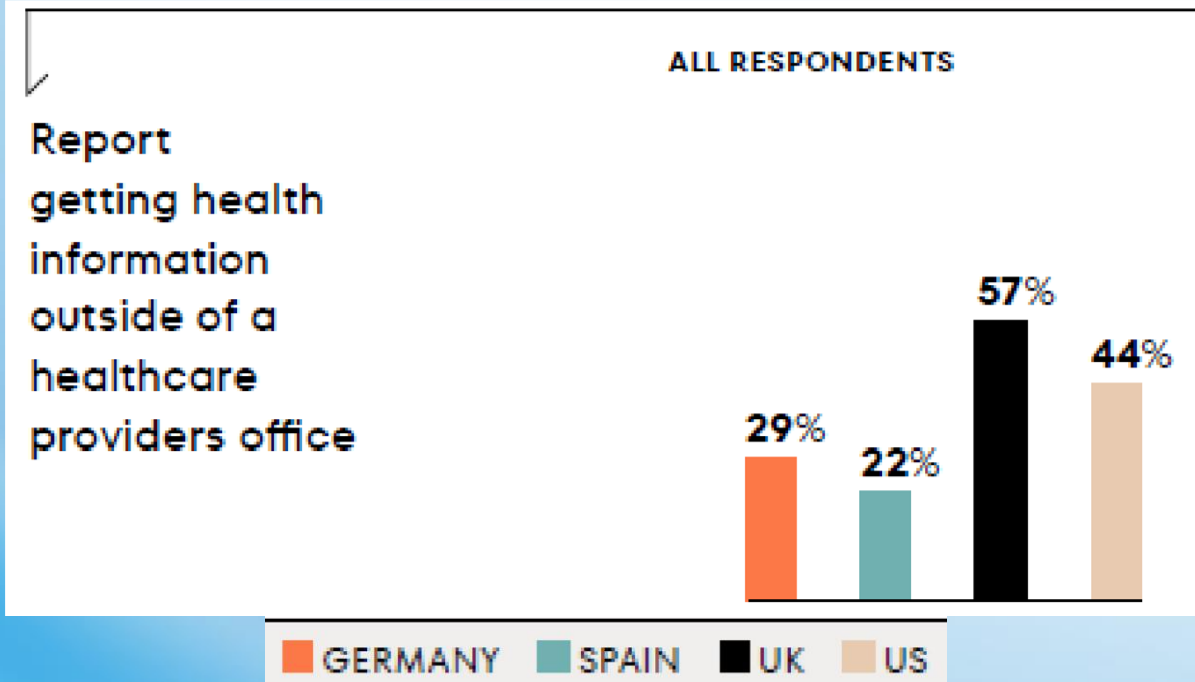
Broken trust is more pronounced among non-White, LGBTQAI+, and immigrant communities. In Germany, Immigrants and refugee respondents were nearly twice as likely to have lost trust in a healthcare provider.



“Trust is built and maintained by many small actions over time. Investing in and committing to a true partnership over time gives the community the authority to speak on your behalf. That is the ultimate sign of trust—when someone else can speak on your trustworthiness and authenticity without you having to say anything.” — BlackDoctors.org, a community advisor

THEME 3: Civil Society & Community Engagement

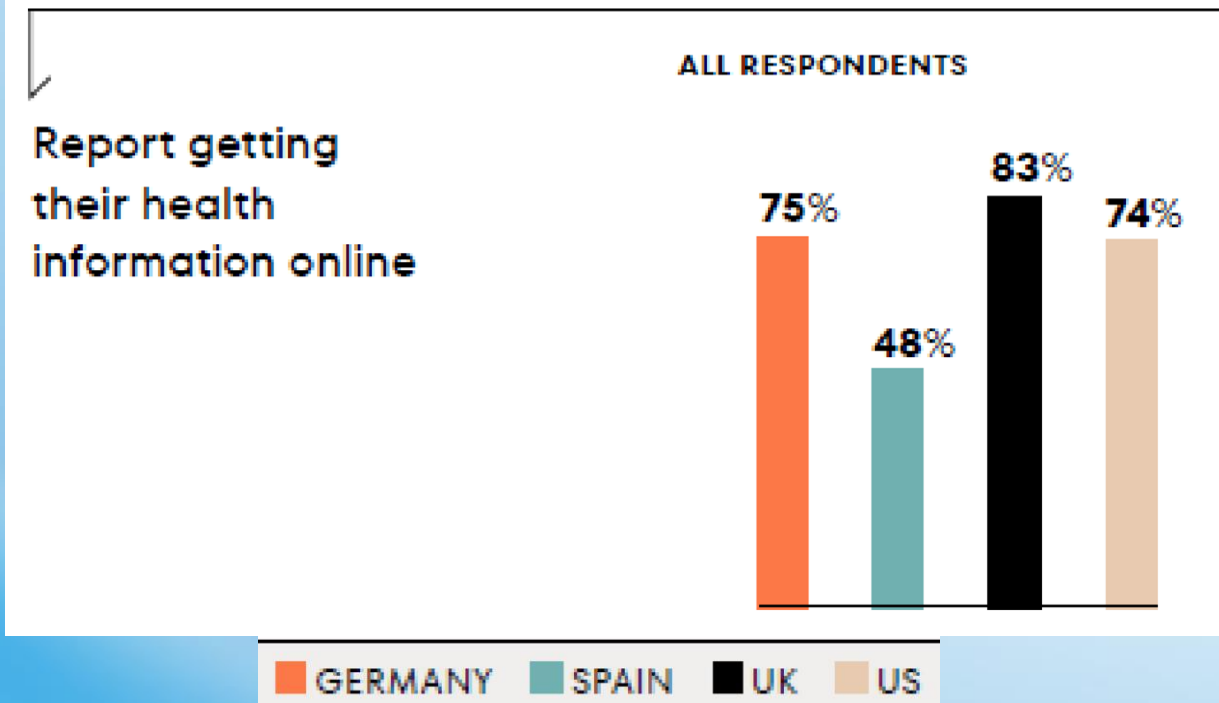
Civil society and community engagement is essential to healing broken trust and promoting health seeking behavior via trusted leaders, such as the faith-based community and community healers.



“We need to let the community be more aware of services and allow them to keep asking questions in order to get the information we need.” – US respondent

THEME 4: Digital Health

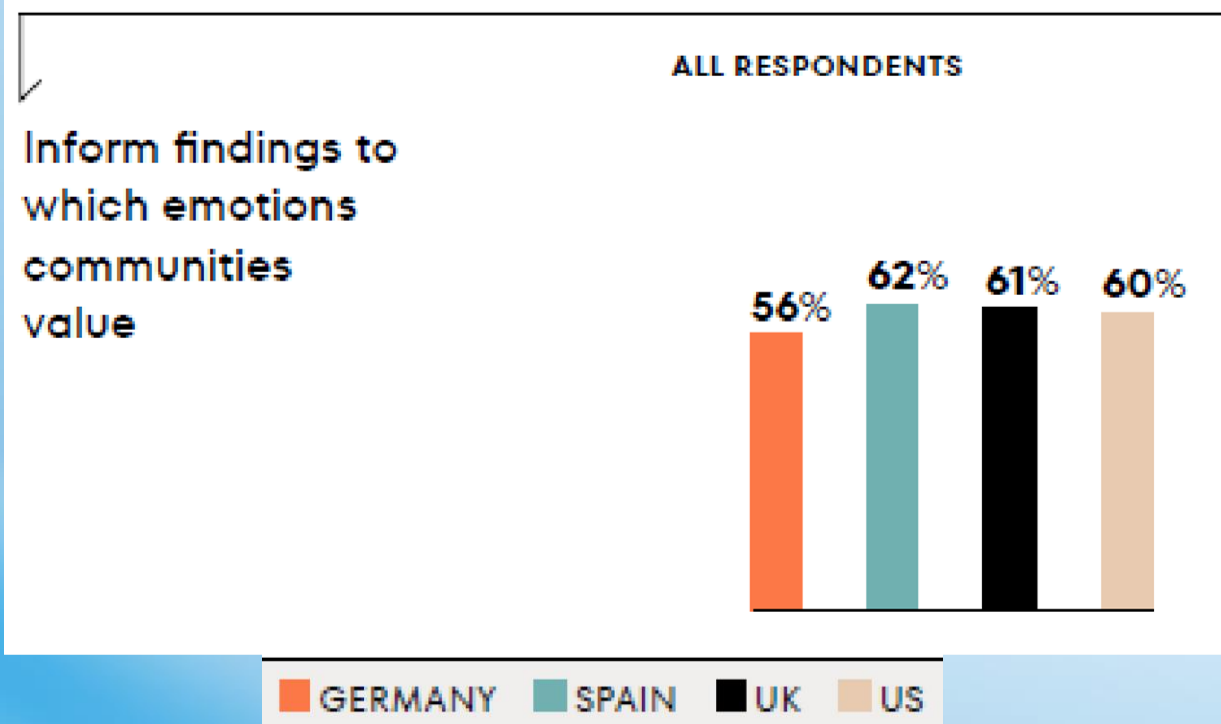
Digital health is a global trend — as the internet and social media are the two most frequently used methods for obtaining health information. The digital divide is more pronounced among non-White, LGBTQAI+, and immigrant communities.



“The missing piece of social determinants of health is information. People connect but also information connects...if you have better information, you’re going to have better health.” — Dr. John Whyte, Chief Medical Officer, WebMD

THEME 5: Emotional Intelligence & Connection

Emotional intelligence and connection are top of mind globally when looking for healthcare providers, people look for values such as trust, understanding, respect, competency, and empathy.



“What would it look like if practicing medicine was grounded in self-love instead of self-sacrifice?” – Dr. Omolara Thomas Uwemedimo, MD, MPH

Findings Across Geographies



US communities experience discrimination in healthcare more profoundly than any other surveyed country—

+13% versus the next closest country (Germany), and as much as **+43%** versus their UK counterparts.



UK non-white communities indicated notably different emotional needs when engaging with their healthcare providers—

2x more likely to rank “feeling safe” and “fairness” as their top emotional needs when seeing an HCP.



German immigrant & refugee communities want to see practitioners who resemble themselves and can relate to their backgrounds—

Nearly **2x** more likely to have lost trust in an HCP because of a lack of cultural understanding.



While some groups noted more reliance on the internet for healthcare information, the Spanish Romani community remain a notable exception—

6x more likely to report lack of internet access as a primary barrier to accessing proper healthcare.

Factoring in Cultural Competence, Humility, and Sensitivity

Deidra Johnson
Vice President, Justice, Equity, Diversity, and Inclusion
Advisory Services Practice Lead
Porter Novelli

Porter Novelli's JEDI Practice

- Help companies embed Justice, Equity, Diversity, and Inclusion in their workforce, workplace, and marketplace initiatives.
- Advance Health Equity by working with governments, companies, and communities to find their unique Equity Intervention.™

Global Data Implications - *Why?*

1. Understand the emotions, resistance, and barriers
2. Communicate better and use different language.
3. Close gaps in health equity data globally
4. Make real-world impact for communities
5. Serve the medically underserved
6. Drive business objectives.

Global Data Implications - *How?*

- We were *intentional* about how we engaged communities to design and interpret the data, break data silos and share data, because we all know we are stronger together
- Co-creation with the communities to ensure we were asking the right questions in the survey and what are we trying to achieve
- Brought on 25 independent advisors, health literacy experts, to study how each question was being asked.

Global Data Implications

It's essential we change the narrative regarding health equity.

Global Data Implications

A laser focus on health equity is *not* charity or philanthropy, it's a business imperative and revenue driver that, if not addressed, has serious business ramifications.

Actions For Success

- **Start with Humility.**
 - Go to the audience to listen, involve, and understand.
 - Listen harder.
- **Be Culturally Competent.**
 - Understand the emotions, resistance, and barriers
- **Language is Important.**
 - Use language the audience understands.
 - We are not all the same.
- **Not overnight.**
 - Long term commitment, small actions over time.

What Is Your Unique Equity Intervention?

An Equity Intervention is a strategy for putting organizational beliefs about the importance of health equity into action.

It doesn't matter where you start on the journey to impact



Compliance

Must do



Obligation

Expected



Proactive

*Enterprise
and BU
experimentation*



Leadership

*Sector or
category*



Pioneer

*True
societal value*

Examples of Equity Interventions:

*Everyone has a
role*

- Reach a diverse clinical trial audience by sending mobile vans to the end of the shift to catch the workers on their way out of the plant.
- Health care providers see that dermatology conditions look differently on different skin tones.
- Using food as medicine to address medical conditions like hypertension and diabetes.
- Reach African American breast cancer patients to close the diagnostic gap.
- Conduct global health equity research with HCPs and Patients to learn how they want PhRMA to address health equity.
- Convene European policy audiences at the European Health Forum Gastein to debate the role of industry in impacting inequalities.

Engaging Communities to Address Health Equity

Manan Shah, MBA, MPAP
Vice President, Global Health Equity & Policy Partnerships
Bristol Myers Squibb

Examples of Health and Healthcare Disparities in BMS Therapeutic Areas



Oncology



Cardiovascular



Hematology



Immunology

Cancer incidence among **minority** populations is **projected to nearly double** between 2010 and 2030 (vs *31% among non-Hispanic White population*)

34% higher risk of stroke in the **Southeast Stroke Belt**

Women with **Atrial Fibrillation (A-fib)** have increased risk of stroke and death compared with men

In the United States, Black/African American and Hispanics patients are less likely than White patients to survive **acute leukemias and other serious hematologic malignancies**

Delay in Multiple Sclerosis (MS) diagnosis can be as long as 1.5 years for **rural-based** patients with MS

BMS Inclusion & Diversity Aspirational Goals & Health Equity Commitments

Progress from 2020-2022



Health Disparities

Goal: \$150 million committed to address health disparities.

Progress: Nearly \$100 million in distributed funding reaching more than 10 million people through programs and services.



Clinical Trial Diversity

Goal: Locate 25% of BMS clinical trials in the United States in racially and ethnically diverse communities by 2022.

Progress: 58% of BMS's clinical trial sites are now located in racially and ethnically diverse communities.



Supplier Diversity

Goal: Spend \$1 billion globally by 2025 with diverse-owned businesses.

Progress: BMS achieved its goal of spending \$1 billion globally with diverse-owned businesses in 2022.



Workforce Representation

Aspirational Goals:

Increase representation of African American/Black leaders at the Executive Director level and above in the U.S. to 10% by the end of 2025.

Increase representation of Hispanic/Latino leaders at Executive Director level and above in the U.S. to 11% by the end of 2025.

Grant Making Focus Areas

Grants support the scaling and further innovation of evidence-based practices to address health disparities:

- Trusted Disease Awareness and Education Programs
- Equitable Access to Quality Specialty Care
- Patient Supportive Services/Social Determinants of Health
- Diversity in Clinical Trials
- Health Disparities Research and Research in URMs
- Diverse Workforce Development in Research & Healthcare
- Health Equity Policy and Advocacy Support



Examples of Health Equity Grant Projects and Partnerships for Cancer

Trusted Community Disease Awareness and Education in Latino communities in TX, FL, IL & CA.



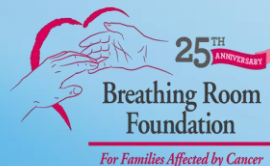
Meeting Patients Where They Are Via Mobile Lung Cancer Screening in TN, AL & GA.



Supporting Black/African American Researchers Across America



Providing Transportation Services for Lung Cancer Patients in PA



Improve Diversity in Clinical Trials for Lung Cancer in MN



Understanding Biologic Determinants of Health for Black/African American Communities in the “Tobacco Belt”



Moderated Panel Discussion

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Professor

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Q&A





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Concluding Remarks

Request Data from *The Atlantic* and OPRG Report



RICSI Health Equity Research Repository

HELPFUL Resources



Health Equity Helpful Resources

The United Nations SDG Partnership Guidebook aims to assess the range of how multi-stakeholder partnerships at country level can deliver extraordinary results towards the Sustainable Development Goals and provide clear guidance on how to build the most robust, effective collaborations.

[Learn more >>>](#)



United Nations



HARVARD SCHOOL OF PUBLIC HEALTH
TH. CHAN

In April 2019, the Harvard School of Public Health and the Global Health Council organized a small workshop to examine questions about public-private partnerships in international public health. The book presents the results of the workshop. The essays in this volume offer some fresh perspectives on partnerships, probe some troubling questions, and provide empirical evidence of both benefits and challenges of public-private partnerships.

[See Public-Private Partnerships for Public Health book >>>](#)

Prepared by the Johns Hopkins Bloomberg School of Public Health, Institute for Health, and Productivity Studies, and the de Beaumont Foundation, this report presents some practical steps that businesses can take to strengthen partnerships and improve the health of their employees, communities, and the nation. These recommendations were informed by a series of focus groups and personal interviews with 60 business and public health leaders who shared ideas about what can be done to address the inevitable COVID-19 crisis and its wider effects on the health and well-being of Americans.

[See the report >>>](#)



Bipartisan Policy Center

The Bipartisan Policy Center published a report on the value proposition of partnerships between business and governmental public health agencies to improve community health. This report highlights examples of these types of partnerships and makes the case that the business community and government public health agencies have a mutual interest in promoting public health together.

[Read the Executive Summary >>>](#)

[Read the full report >>>](#)



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