The Economic Burden of Racial, Ethnic, and Educational Health Inequities in the U.S. Webinar Summary and Call to Action

PARTNERS for ADVANCING HEALTH EQUITY

Webinar Focus

The Partners for Advancing Health Equity Collaborative hosted the webinar, *The Economic Burden of Racial, Ethnic, and Educational Health Inequities in the U.S.* on December 13, 2023. Panelists engaged in discussions about findings from the 2023 LaVeist et al. study, highlighting the importance of advancing health equity to reduce economic burden. This report provides a synthesis of key takeaways, solutions, and action steps identified from the webinar.

Webinar Voices

> Thomas LaVeist, Dean and Weatherhead Presidential Chair of Health Equity, Tulane School of Public Health and Tropical Medicine

> Darrell J. Gaskin, Director, Hopkins Center of Health Disparities Solutions, John Hopkins Bloomberg School of Public Health

> Eliseo J. Perez-Stable, Director, National Institute on Minority Health and Health Disparities, National Institutes of Health

Key Resources

- Economic Burden of Health Inequities in the U.S.
- Data-Driven Interventions to Advance Health Equity
- Implementation Science to Close Health Equity Gaps

Your Voice

P4HE values collaboration. If there is a resource on this topic that you would like to share with us, provide it here.

Key Takeaways

Health inequities become negative health outcomes across groups and contribute to significant economic burden for populations already experiencing disparities. This webinar discussed findings from *The Economic Burden of Racial, Ethnic, and Educational Health Inequities in the US* study that examined the disproportionate economic burden of health inequities for minority racial and ethnic groups and people with low education attainment. By not addressing systemic health inequities and determinants of health, these communities will continue to encounter barriers to achieving good health, persisting their economic struggles. Organizations and institutions must form cross-sector partnerships to develop and execute interventions that target health inequities at their root. Collaborative efforts should involve increasing educational awareness, leveraging data, identifying and filling gaps in implementation, and committing to providing quality healthcare to all.

Call To Action

"Inequities are costing society too much money. If you're working in this space and someone tells you that the intervention that you're proposing is costly, tell them that there is a cost to doing nothing [which] most likely exceeds the cost of the program you're trying to implement." Darrell J. Gaskin, Director, Hopkins Center of Health Disparities Solutions, John Hopkins Bloomberg School of Public Health

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Below, we've summarized immediate action steps shared by the panelists and identified by webinar participants to be taken to advance health equity.

> **Drive sustainable change through increased education and service delivery.**

To drive sustainable changes to implementation, systemic factors need to be addressed. Addressing the systemic roadblocks that marginalized populations endure elevates efforts seeking to create systems-level change to improve health outcomes. System-level change includes providing well-rounded, equitable, medical education opportunities for providers, regardless of background or geography. It is critical to educate healthcare providers and health professionals on social and structural determinants of health to promote whole-person care. As demonstrated in the LaVeist et al. study, these factors have been shaped by a history of systemic racism and oppression and its continued legacy, perpetuating poor health outcomes for minority racial and ethnic groups and people with low educational attainment, among other disadvantaged groups. One way to address this is by increasing access to medical education, employment, and training opportunities for providers of color. In turn, this allows for increased quality and extended availability of service to communities, including underserved rural communities.

> **Leverage existing data for effective implementation of health interventions.**

"How can we leverage existing data to really advance our knowledge, make discoveries, and implement interventions to make this whole situation better?" Eliseo J. Perez-Stable, Director, National Institute on Minority Health and Health Disparities, National Institutes of Health

Data can reveal crucial information about a population's health outcomes and thereby, the most pressing health issues they face. It is important to effectively collect and utilize data to increase practitioners', policymakers', and the general public's awareness of certain health conditions that need attention and among whom. Through cross-sector collaborations, organizations and institutions can team up to incorporate data in intervention efforts to create data-driven programs that effectively address poor health outcomes. All parties working to advance health equity can collaborate with federal agencies to leverage all available data, such as those collected in national health surveys. Engaging with data experts and researchers can provide additional insight into appropriate data collection and analysis methods, innovative data visualization techniques, and existing literature on similar health areas of interest. Leveraging the resources and expertise of these partners can help to identify trends in health outcomes among certain groups, likely illustrating inequities by race, ethnicity, and educational attainment, among other characteristics, as found in the LaVeist et al. study. Focus these trends at the forefront of collaborations with practitioners and

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healthcare providers so that services provided can target such health inequities and the underlying factors that cause and perpetuate them.

> Prioritize and improve localized data to meet community needs.

In addition to examining national data, health equity work must consider localized data to identify specific communities that need help as inequities do not affect all areas the same. Increase the quality and capacity of local data sources and collection efforts by getting buy-in from government agencies, funders, and community organizations to support local data improvement initiatives, highlighting the importance of high-quality data to implement evidence-based programs. Once data is available, ensure that the data is shared among all partners involved in collaborative health equity efforts. Integrating data to inform the development and implementation of health interventions helps to educate and motivate partnering organizations in pursuit of improving health outcomes for all, tying the data to their communities in need.

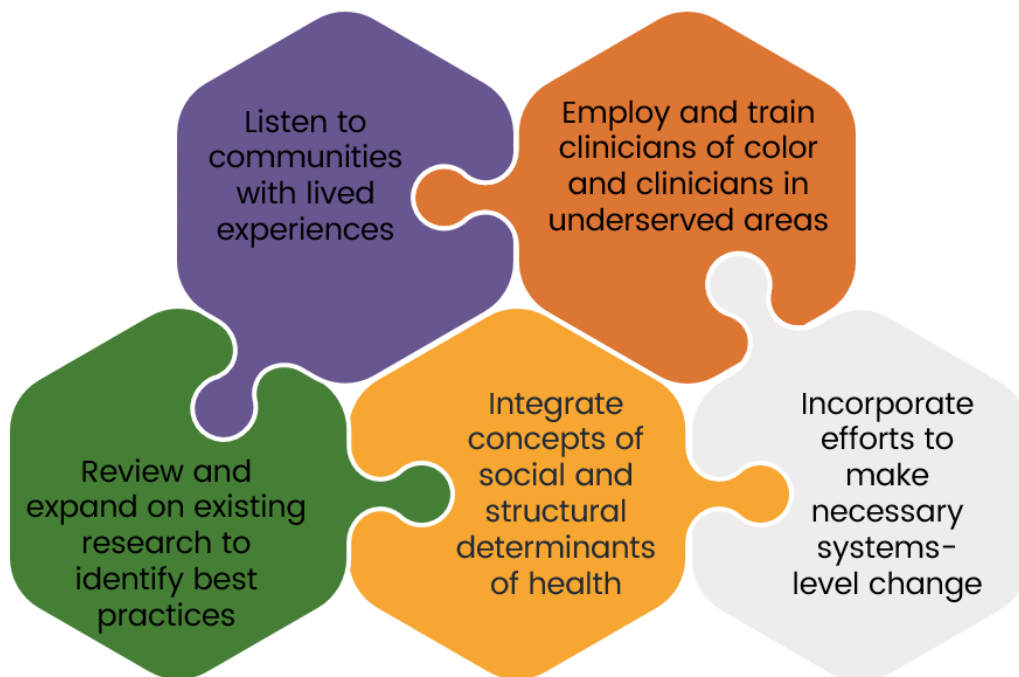### > Identify and address gaps in implementation efforts aimed at advancing health equity.

"What can we do to actually implement the things we know work to make outcomes better? …Can we get health systems to say, 'What does our profile look [like from] an equity lens?,' that is, by social class and race and ethnicity. [We need to] look at it this way because that's where the gaps really are." Eliseo J. Perez-Stable, Director, National Institute on Minority Health and Health Disparities, National Institutes of Health

Implementing interventions that target the root causes of poor health outcomes is key to advancing health equity. Implementation efforts to advance health equity require various partners, from all avenues of society, to use an equity lens in the design and execution of far-reaching, sustainable interventions that tackle the communities' most pressing health challenges. Sometimes, even with the best intentions in mind, implementation efforts fall short, lacking essential elements that would truly help impacted communities. Collaborations between organizations from different sectors can promote initiatives that fill the gaps in implementation by incorporating resources and expertise from all corners of society. To start, engage with members of the community with lived experiences with health inequities to gain insight into their perspectives on implementation gaps. Then, perform community asset mapping by identifying potential resources, services, and partners available in the community to form an ecosystem that centers the community's health needs. Work with researchers and academics to utilize and expand on existing data and research to better understand the social and structural determinants of health, their relevance to the community of interest, and best practices to help treat them within healthcare service delivery. Push policymakers to help fill implementation gaps through policy development and change. Involve various community

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organizations and local government agencies that provide services to directly address determinants of health, including employment, education, housing, transportation, food and nutrition, and the environment.

Ways to Fill Gaps in Implementation to Advance Health Equity

Listen to communities with lived experiences

Employ and train clinicians of color and clinicians in underserved areas

Review and expand on existing research to identify best practices

Integrate concepts of social and structural determinants of health

Incorporate efforts to make necessary systems-level change

> Commit to providing healthcare to all.

"As a society, we haven't said that we expect everyone to receive care." Thomas LaVeist, Dean and Weatherhead Presidential Chair of Health Equity, Tulane School of Public Health and Tropical Medicine

Achieving health equity can only happen when everyone in a society has equal access to high-quality healthcare. To provide high-quality healthcare, there must be a collective understanding and belief that all people deserve healthcare, regardless of who they are, where they live, or what they do. Within cross-sector collaborations to advance health equity, all participating partners must demonstrate their commitment to this belief through equitable program and policy design and service delivery. Such efforts require various transformations of the current culture of healthcare. Shift from a culture that depicts only high-status groups as deserving of quality care to

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one that recognizes all persons' humanity and right to health. This is particularly important for historically marginalized groups, such as minority racial and ethnic groups, low-income, incarcerated, uninsured, unemployed, and undocumented people, immigrants, refugees, and people experiencing homelessness. The current systems disproportionately create obstacles for these populations to access healthcare services, and thereby contribute to their worsening health outcomes. For example, the United States primarily relies on employer-sponsored health insurance which limits access to healthcare for many of these groups. To combat such systemic barriers, organizations should uplift the work of advocacy groups seeking to expand healthcare coverage, like Medicare and Medicaid, and ultimately reach universal healthcare. Leverage funding from philanthropies that can support expansion initiatives and offer resources to improve health practices for all.
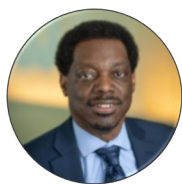
"Until we [decide to] stop being selfish and stop thinking that some people deserve to be poor and shouldn't be treated, we are going to have problems with inequity." Darrell J. Gaskin, Director, Hopkins Center of Health Disparities Solutions, John Hopkins Bloomberg School of Public Health

A successful culture shift will require policy buy-in and the re-training of healthcare staff and physicians to treat all people who are sick and need care, without bias. One way is to use economic arguments, as illustrated in the LaVeist et al. study, to convince policymakers that a lack of healthcare access produces disparate economic burden, in terms of excess medical expenditures, reduced productivity, and premature deaths, which hurts the country's overall health and economic well-being. However, this alone is not enough. Members of the community should have seats at the table in discussions about health policies to amplify their voices and ideas for how to make healthcare more accessible. By engaging in innovative, cross-sector collaborations, organizations can cultivate a shared vision and dedication to providing healthcare to all people.

Deeper Dive

Economic Burden of Health Inequities in the U.S.

Webinar speakers, Thomas LaVeist and Eliseo Perez-Stable, along with Patrick Richard, conducted an analysis of the economic burden of health inequities for racial and ethnic minority populations and people with low educational attainment. To estimate economic burden of health inequities, they examined the "sum of excess medical expenditures, lost labor market productivity, and the value of excess premature death" (i.e., dying at an age below 78 years) for the following populations: American Indian and Alaska Native, Asian, Black, Latino, Native Hawaiian and other Pacific Islanders, and adults aged 25 years or older with less than a four-year college degree. Their analysis used 2016-2019 data from the Medical Expenditure Panel Survey (MEPS), 2016-2019 state-level data from

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the Behavioral Risk Factor Surveillance System (BRFSS), and 2016-2018 mortality data from the National Vital Statistics System and 2018 IPUMS American Community Survey.

Key findings from the study are summarized in the graphic below.

Key Findings From the 2023 LaVeist et al. Study

Relative to size of U.S. economy, the economic burden of racial and ethnic health inequities was 2.2% of 2018 GDP.

The bulk of the economic burden for American Indian or Alaska Native, Black, and Native Hawaiian and Other Pacific Islander groups was due to premature deaths. Meanwhile, the bulk of the economic burden for Asian and Latino groups was due to excess medical expenditures.

For each minority group, besides Asian, their share of economic burden was disproportionately greater than their share of non-White population, with the greatest burden experienced by Black individuals.

The economic burden of education-related health inequities was 4.7% of the 2018 GDP.

Based on their analysis, the authors conclude that ignoring health inequities is more costly than addressing them, where even a modest reduction in health inequities could save the U.S. billions of dollars in medical care expenditures and labor market productivity loss each year. They argue that the economic burden of health inequities justifies necessary investment in policies and programs to eliminate health inequities and in larger, improved datasets to accurately calculate estimates for smaller racial and ethnic populations. LaVeist, Perez-Stable, and Richard encourage policymakers to consider the economic burden of health inequities across race, ethnicity, and education level within their state and nationally and to confront the structural factors that perpetuate health inequities, including identifying and executing opportunities to alleviate discrimination against marginalized racial and ethnic groups and to provide universal education for all.

Interested in Learning More? Dean Thomas LaVeist is the Principal Investigator for Partners for Advancing Health Equity. For follow up questions on this study, contact him at P4HE@tulane.edu!

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About P4HE

The P4HE Collaborative harmonizes goals, advances learning, and facilitates collaboration to improve health equity. It is led by the Tulane University School of Public Health and Tropical Medicine and is part of the Tulane Institute for Innovations in Health Equity. Support for this program is provided by ICF. Funding is provided by a grant from the Robert Wood Johnson Foundation.

Foster the co-creation and spread of knowledge.

Sharpen our research tools to focus on solutions, facts and stories.

Disrupt traditional research approaches.

Harmonize our voices.

Challenge the status quo.

Shine light on practices that are indefensible, irrational and inconsistent.

To learn more about these issues, or Partners for Health Equity's calls to action, a resource library including a full recording of this, and all previous P4HE Webinars, can be found on the P4HE website.

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