

6 ways to improve health equity.



Employers spend millions of dollars every year on health and well-being programs. But few of these programs consider the impact social determinants of health (SDoH) risk factors have on the health of employees. From using the right data, to forming community partnerships, to fostering cultural awareness—these crucial ways to address SDoH risk factors can help boost health outcomes.

1 Use the right data.

Traditional well-being programs may not consider socioeconomic and environmental conditions—social determinants of health (SDoH) risk factors—and the barriers these factors create for people. Many programs do not disaggregate health-outcomes data by race, ethnicity, and language, so they cannot identify and resolve disparities. Failing to address health inequities inhibits desired health outcomes.

2 Focus on the whole person.

Many well-being programs focus on a single issue, like diabetes. Oftentimes, these single-issue programs focus on the health condition but overlook the SDoH risk factors that affect people's ability to deal with it. Plus, many single-issue programs do not help people who have multiple chronic conditions. Today, at least 27.2% of U.S. adults suffer from two or more chronic conditions, such as diabetes and hypertension.¹ The importance of whole-person health cannot be overemphasized when addressing health inequity.

3 Go digital and get personal.

Digital solutions can be a useful tool to help people get healthier, but they are limited when it comes to addressing SDoH. Insufficient access to computer ownership and internet availability further disadvantages certain demographic groups. Plus, physical conditions like impaired vision can limit interaction with electronic devices. Digital solutions alone exclude people who require human-to-human interaction. Offering personal, one-to-one health guidance is an effective way to reduce this barrier.

4 Stay community centered.

The success of well-being programs relies on partnerships with various organizations to address SDoH risk factors. These partnerships can include transportation services, patient-assistance programs, and community-based nonprofits that offer childcare or translation services. By reaching out and collaborating with allies, well-being programs can help participants access necessary resources and improve their overall health.

5 Cultivate cultural awareness.

Well-being programs often cater to the majority population, which creates challenges for those from non-majority groups. Language barriers and cultural differences regarding illness and health care can play a significant role in access and participation in well-being programs. Plus, programs that do not provide options for diverse dietary preferences and restrictions further exclude people. Traditional well-being programs have overlooked the needs of non-majority populations, both in terms of language and cultural inclusivity.

6 Communicate clearly.

Most well-being programs often fail to consider health literacy, leaving participants struggling to understand and implement health advice. The use of complex medical and insurance jargon hinders people from reaching their optimal health. Limited health literacy is prevalent among those with low education, low incomes, and non-native English speakers, who already face multiple SDoH risk factors. By not addressing health literacy, many programs create confusion and keep people from achieving their best health outcomes.

¹ Peter Boersma et al., "Prevalence of Multiple Chronic Conditions Among U.S. Adults, 2018," *Prev Chronic Dis* 17 (September 2020): 200130, <http://dx.doi.org/10.5888/pcd17.200130>.