Access Viewpoint

WHAT THE PHARMA INDUSTRY CAN DO TO SUPPORT DIVERSITY AND INCLUSION

PAYERS, PROVIDERS, MANUFACTURERS, *and* AGENCIES: *we all play a part*

As leaders at the forefront of population health management, we can influence tremendous change. It's our job to get people healthier. Yet, there are enormous populations with limited access to healthcare. Healthcare disparities not only affect the underserved—these gaps also have a major effect on the entire system and society at large.

Socioeconomic and racial disparities in healthcare are widely acknowledged. This topic has been in the news repeatedly in the past few months alone—proving that where we live, work, and play influences our health.

If pharma can use diversity and inclusion (D&I) to shape what we do—our research, our communication strategies, and our services—we will be able to reach larger, more diverse populations. We can mitigate disparities. We can include underserved people. Empowering them to take an active role in their healthcare may even help to improve population health overall.

One study estimated that eliminating health disparities for minorities could...

...reduce direct medical costs by ***$230 billion*** *and indirect costs by more than* ***$1 trillion*** *over a 3-year period.*[1]

IMAGINE WHAT IT WOULD LOOK LIKE IF THE PHARMA INDUSTRY TURNED D&I INTO A CONCERTED, OUTWARD-FACING EFFORT.

HOW WE DEFINE D&I

diversity

the quality or state of race/ethnicity, gender and identity, age, physical ability, and sexual orientation represented within a defined group.

inclusion

practices that involve and empower individuals to participate, be recognized, and realize their potential.

POPULATION HEALTH *management* THROUGH *the lens of* DIVERSITY AND INCLUSION

THREE WAYS WE CAN MAKE IT BETTER TOGETHER

1. INNOVATION

what we can do

Mitigate healthcare inequalities for patients at the greatest risk by creating innovative resources and targeted interventions

A health disparities calculator

The Colorado Department of Public Health conducted a study leveraging a Health Disparities Calculator—a tool designed to evaluate population-based health data and calculate disparity measurements.[2,3] In the study, the calculator measured disparities in adult prevalence of health behaviors and conditions (such as smoking and obesity) according to income and race/ethnicity.[3]

The study was able to use the calculator to measure disparities over a 15-year period. Outcomes supported the need for targeted public health interventions among lower income adults and minorities at high risk for chronic diseases and poor health behaviors.[3]

what we can do

Develop tools that allow underserved populations to have informed discussions about the cost, value, and effectiveness of treatment. In turn, these data can help payers recognize the financial impact of population subsets that are not receiving treatment.

A shared decision-making tool

Minorities receive knee replacements at lower rates than whites, and when they do, the rate of adverse outcomes is higher. In addition, being poor worsens knee replacement outcomes more so for minorities than for whites. [4,5]

That's why the Hospital for Special Surgery in New York City launched a study last month to test how the use of a shared decision-making tool affects the way black and Latino patients make decisions about knee pain treatment.[6]

Dr. Michael Parks, an orthopedic surgeon who is leading the study, hopes the decision-making tool will uncover reasons why people—minorities in particular—are less likely to take advantage of treatment, including surgery. "Many patients are content to do nothing," he said. "I'm not sure what the origin is, but there's a fear, in some instances, of proceeding with intervention."[6]

The shared decision-making tool lays out the costs and outcomes of varying knee pain treatments. It allows patients to compare scenarios like wearing a brace, getting a knee replacement, delaying treatment—or totally forgoing it.[6]

2. DATA

what we can do

Support, create, and promote studies—including health economics and outcomes data—that are specific to minority and underserved populations.

Diversity in clinical trials

There are staggering disparities in clinical cancer research. Currently, fewer than 10% of patients enrolled in cancer clinical trials are minorities.[7] This nowhere near reflects the 38.4% minority population in the United States.[8]

To address this issue, a recent study funded by the National Institute on Minority Health and Health Disparities (which was recognized by the American Society of Clinical Oncology as one of the major advances in clinical cancer research in 2016) focuses on patient navigators.[7]

The role is identified as the missing link to increasing minority participation in cancer clinical trials. Patient navigators act as liaisons between medical staff and patients, educating and enrolling eligible African American cancer patients into clinical trials.[7]

Of the 272 African Americans who enrolled in the trial and opted to receive patient navigation support, 75% completed the trial (vs 38% completion for those who did not receive navigation support).[7]

3. TALENT

what we can do

Recruiting and hiring diverse talent enables us to continually see the world from different vantage points. In turn, this may help us find new ways in to improving population health from a culturally sensitive standpoint.

It starts from within

Organizations everywhere have begun to recognize the importance of D&I—yet, when benchmarked against the Fortune 500, the Pharma 50 (Pharma Exec's Top 50 companies) lands right in the middle. There are striking differences in the levels of gender and ethnic diversity among boards and executive committees alike.[9]

At Entrée Health, we believe in D&I wholeheartedly. This is especially true for our talent pipeline: we want to attract and develop individuals who will become our future pharma industry leaders. That's why we are big supporters of the 4A's Multicultural Advertising Intern Program (MAIP). MAIP sources talented people from thousands of universities and portfolio schools nationwide, and offers ad agencies the chance to host them for summer internships. This program strengthens the 4A's efforts to enhance diversity in the advertising industry workforce.

This summer, 6 MAIP interns were placed in our various healthcare agencies. In addition, MAIP named Omnicom Health Group 'Agency of the Year.'

We have a history of hiring former MAIP interns, including Natasha Aswani, VP Associate Creative Director of Entrée Health, who was recognized as one of six "MAIPers to Watch" honorees for 2016.

These are just a few examples of what our industry can do to support D&I. To learn more about how Entrée Health can staff your business with our diverse talent, or how we can help your organization with innovative ways to improve population health,

Contact Andrew Gottfried at agottfried@entreehealth.com or 212-896-8026.

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