



Accelerating Health Equity

CHALLENGES AND OPPORTUNITIES

*Highlights from a life sciences industry roundtable
hosted by the IQVIA Institute for Human Data Science*



AUGUST
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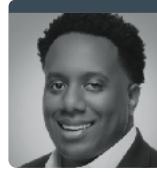
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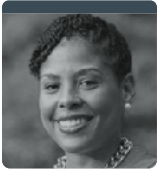
Participant and moderators



SÉRGIO ALVES, MBA
AstraZeneca



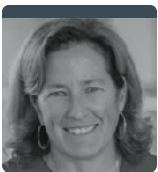
CLEON RICE, MBA
Genentech



BINTA BEARD, D.SC., MS
Novartis



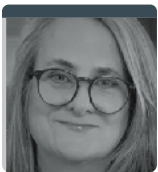
XAVIOR ROBINSON, MHSA
Merck



PATRICIA DOYKOS, PH.D.
Bristol Myers Squibb



**JAY G. RONQUILLO, MD, MPH, MMSc,
MEng**
Pfizer



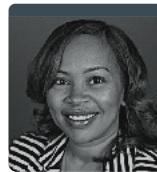
MAUREEN DOYLE-SCHARFF, PH.D.
Pfizer



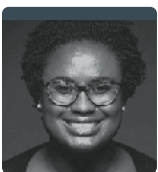
DEBBIE SMITH, PH.D.
UCB



IVY KAM, PHARMD
Regeneron



**JUDITH THOMPSON, PHARMD, MPH,
CPHQ**
UCB

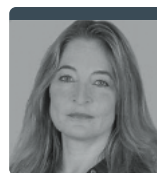


SHELINA RAMNARINE, PH.D.
Johnson & Johnson

Moderators



MURRAY AITKEN
Executive Director,
IQVIA Institute for Human
Data Science
Murray.Aitken@IQVIAInstitute.org



ELIZA SILVESTER
Senior Principal,
Enterprise Transformation Strategy,
IQVIA
Eliza.Silvester@iqvia.com

Introduction

Achieving health equity is an important priority for the healthcare ecosystem, especially the life sciences industry. The industry has made declarations about its commitment to address disparities in R&D, clinical development, and access to care, and many organizations have established dedicated teams and functions to advance health equity; however, achieving health equity is complex and challenging, and there is uncertainty about how to measure and deliver sustained progress in a rapidly evolving field.

To address the challenges and opportunities around health equity, the IQVIA Institute convened a life sciences industry roundtable on April 18, 2024.

The roundtable focused on three important questions:

- Where have we been able to achieve success toward health equity, and why?
- How do we measure the impact and ROI of health equity investments?
- What are the greatest challenges, either internal or external, to advancing health equity initiatives and to addressing these challenges?

The following summary provides highlights from the discussion.

This roundtable was convened as a public service without external funding and intended to stimulate discussion and accelerate health equity.

Where have we achieved success toward health equity and how?

The health equity landscape is ever-evolving, with two major inflection points since 2020:

- **A spotlight on the health equity landscape:** The pandemic and the murder of George Floyd in 2020 became inflection points for a wide-ranging movement to address health disparities and inequities for vulnerable and ill-served populations. Many organizations and companies embarked on a journey to address the issues through commitments and declarations, and many invested resources in programs and people, including the creation of DEI offices, teams, and functions. Successes have been achieved, but there have been challenges creating a sustainable shift toward health equity, both among intra-company and external stakeholders. Furthermore, there has been a shortage of evidence of the impact of the efforts.
- **Backlash against DEI and ESG:** In the more recent period, a new inflection point appears to have emerged with a growing backlash toward DEI (diversity, equity and inclusion) and ESG (environment, social and governance) broadly at universities, in governments and in corporations as well, in part driven by the Supreme Court decision regarding affirmative action.

“The inflection point was the COVID-19 pandemic and a handful of other things that brought the whole idea of health equity and health disparities to the forefront.”

Despite broad industry consensus about the deep structural health inequities in society, many leaders of health equity functions within the life sciences industry are now faced with challenges to advance health equity — both internally and externally. There have been growing questions about the commercial value of investments in DEI and requests for demonstration of evidence of the positive impact on the affected ill-served populations.

Internally, the call for health equity has been heard:

- **Dedicated DEI functions with end-to-end oversight:**

The establishment of full-time dedicated DEI leadership positions and teams has been a critical prerequisite for advancing health equity practices within life sciences companies. The ability of these leaders to work across the enterprise has been important to stimulate end-to-end health equity efforts cross-functionally.

- **Employee resource groups are important drivers:**

The employee resource teams representing the diverse groups that identify with marginalized minority populations have been positive drivers of change. While the companies' own employees likely are not experiencing the same hardships as the external marginalized communities, they are nevertheless important conduits to understand the specific needs of these communities as they can assess whether programs and interventions resonate.

But actioning health equity can be difficult:

- **Fragmentation limits synergy:** Many current health equity activities are fragmented, and many times the left hand does not know what the right hand is doing. DEI leaders have frequently been successful in building synergy by connecting separate departments that are striving toward the same outcomes to improve the collective efforts in diversity, inclusivity in research, and access to medicines.

“A lot of times the left hand doesn’t know what the right hand is doing. One part of the organization could be partnering with a historically Black medical school on one initiative, maybe in genomic research diversity. And then clinical research is going into the same school, not realizing that genomic research is already in there talking about something similar.”

“Engaging our employee resource groups is helping us think through our health equity and science diversity strategies and approaches.”

Health equity requires a broad view of the healthcare landscape and the communities where individuals live:

- **Key disease areas are disproportionately affecting ill-served and marginalized populations.** Despite the emerging backlash, there is general agreement about the value of investing in health equity. Many leaders in the roundtable represented companies with disease areas that disproportionately impact ill-served, marginalized populations such as obesity, diabetes, cardiovascular disease, kidney and liver diseases, and sickle cell disease.
- **Therapeutic interventions are part of a broader continuum of care:** Companies are not just delivering medicines for ill-served communities; the therapies are part of a broader continuum of care, and companies are looking to deliver supportive, integrated services. For example, these services are often around diet, exercise, metabolic, and mental health support. In the field of obesity, the focus is not only on the medicines, but may involve programs from farm-to-table to address diet and nutrition needs.
- **Capacity building and collaborations:** Broader efforts to support capacity building among ill-served communities are front and center for many companies. This may also include collaborations and partnerships with various organizations around the globe. In addition, it may involve change strategies to accelerate equity efforts within health systems and among the professionals that work in them as well as activities to shift behavior and processes that allow for better outcomes for patient populations.

The path forward requires careful thought and implementation:

- **Pursuing health equity as a business priority:** Health equity should be a business imperative, not an afterthought or a ‘nice thing to do’. Health equity should be embedded in all the work of the company to achieve better science and increased reach of the company’s medicines to improve positive impact for patients and will in parallel improve business outcomes.
- **Advancing research to generate evidence:** Research is required to understand the potential population, disease and treatment patterns, and social determinants of health. Mixing quantitative and qualitative data is necessary to understand the cultural barriers, stigma, healthcare seeking behaviors, and other factors that contribute to how specific populations interact with the healthcare system. Sharing insights and data from research is also important to educate internal stakeholders.
- **Embedding health equity in brand strategy:** Efforts in the field of health equity should not be implemented as adjuncts to the brand plan, they should be embedded organically in the brand strategy based on research and insights on how the brand may generate positive outcomes for the populations disproportionately affected by the relevant disease area.



“Don’t think about health equity as a bolt-on to your brand plan, but go inside the brand planning process, embed questions regarding health equity in key business questions and determine best practices for data collection.”



“There is a recognition in our organization that health equity needs to be more than a series of disparate, disconnected efforts; it needs to be not only the foundation of our work, but also part of a business-oriented strategy in terms of how we are engaging with communities and showing up as a corporate partner and stakeholder.”

- **Prioritizing global health equity:** It is important to have a truly global perspective and prioritize efforts to accelerate health equity in low- and middle-income countries as well as across the globe. Several of the leaders in the roundtable represented companies that are heavily involved in philanthropic programs and initiatives for ill-served communities in Africa and other similar regions of the world.



“Make sure to have an end-to-end approach to health equity at the global level and move beyond just focusing on low- and middle-income countries and the U.S. to have a global health equity strategy.”

How do we measure the impact and the ROI of health equity investments?

Measuring health equity requires new, clear definitions:

- **Defining ill-served groups:** Advancing global health equity adds another layer of complexity as there may be variations in what defines an ill-served group across different geographies where countries and populations have varied needs and the baselines may differ across high-income, middle- and low-income countries.
- **Defining metrics:** The key metrics for defining impact are a challenge; for example, for philanthropic levers, there are several restrictions in terms of the grants. Capturing downstream impact is challenging.



“If you educate 20 doctors on trial diversity, it can have lasting, downstream impact on hundreds of patients.”

- **Counting meaningful reach:** The definition of reach is not clear. There seems to be consensus that social media impressions don't count as reach. But what is the baseline for defining advances in reach? Is quantity more important than depth? Determining what constitutes meaningful reach will vary for different stakeholders.
- **Comparing brand performance against epidemiology:** The FDA has set the metrics for R&D organizations regarding diversity in clinical trials to ensure the trial matches with the epidemiology in the disease area. But it is not clear how commercial teams should set the baseline for how a brand is to perform against the epidemiology of disease. This requires work with different databases to generate the baseline of evidence. This would be an important topic for further exploration by the IQVIA Institute.

- **Setting industry standards for brand health equity performance:** Because all companies are facing the same challenges, there may be opportunities for creating commercial standards for brand performance similar to industry standards for diversity in clinical trials. The participants in the roundtable agreed that industry standards could be helpful, for example through a form of benchmarking based on agreed KPIs that does not disclose confidential commercial details. KPIs could include such measures as time to treatment, number of people screened, and improvement in health system performance.

“We have industry standards for diversity in clinical trials on the R&D side. But what are the metrics for determining whether we achieve better outcomes for patients, and in particular patients that face barriers to care? How do we show that we really can move the needle in brand performance?”

- **Quantifying the impact of building new partnerships:** One of the challenges is to engage with new organizations that the company has not worked with before, but that are closer to the communities the company is trying to serve.

“How do you show real impact? Impact involves capacity and infrastructure development for the community organizations involved in health equity to be sustainable longer term. This requires measurement beyond how many patients are reached. Maybe industry collaboration could help advance meaningful KPIs and benchmarking.”

— What are the greatest challenges, either internal or external, to advancing health equity initiatives and to addressing these?

Internally, challenges lie in enterprise-wide agreement on how to proceed:

- **Getting the business to understand:**

Participants agreed one of the biggest challenges is to get internal business stakeholders to understand “the why” behind engaging communities of color in health equity-related investments. Senior leadership in some organizations also hesitate to make the necessary investments. There appears to be a zero-sum mindset where there is trade-off between investments in health equity versus investments in the business. There is a need for a better understanding of how health equity can help advance business outcomes. For example, because about half of all Black individuals in the U.S. have commercial health insurance, there is a potential upside in expanding access within this community to several disease treatments.

There is a significant commercial opportunity engaging underserved communities in activities to build product loyalty and generate health impact.”

“It is important to understand the untapped growth opportunities through action on social determinants of health. If you look at the entirety of the Hispanic and Latino population in the United States, the economic power of that group is basically the fifth most economically powerful country in the world. So, there’s a significant opportunity there to engage in all sorts of activities that will allow for product loyalty and health impact.”

But there are several promising strategic opportunities:

- **Making the case with data:** There are positive experiences using insights and data to demonstrate the impact of disease on ill-served populations and how improvements in market access can not only improve patient outcomes, but also commercial results.
- **Establishing health equity metrics:** The establishment of a specific health equity metric could be helpful for internal education and commercial brand planning. This would also help drive external alignment with healthcare professionals and health systems.



“As far as the commercial organization goes, everything starts with insights and data. We all know that data is an extremely powerful motivator. When we can bring data to the conversation to demonstrate how we can affect change for a particular patient population, we can start to close the gaps.”

- **Sharing offers opportunities:** Overall, the participants in the roundtable agreed that there are opportunities for more sharing of research methodologies and approaches for understanding and advancing health equity. There is currently duplication and waste of resources by many organizations that are investing resources and time to understand similar or identical subpopulations.
- **Driving multi-stakeholder conversation:** Engaging multiple stakeholders across commercial, governments, and patient communities offers a significant potential for advancing health equity by sharing methodologies for research without specific data, sharing general insights, and initiating collaborations around common industry standards and metrics.



“We now have funding that supports capacity building to appreciate and understand the systems that contribute to the lack of access that underserved and underrepresented populations deal with on a regular basis, especially in low- and middle-income countries but also in the United States.”



“We need to share data to drive stakeholder conversations to motivate HCPs, health systems and governments to embark on initiatives and align around goals and incentives for change.”

Continued conversations

Achieving health equity remains a worthwhile and important pursuit for every organization in the healthcare ecosphere. This first roundtable is an effort to formalize and facilitate important conversations that will hopefully lead to improved health outcomes for ill-served populations worldwide. We look forward to furthering the conversation in future roundtables and plan to bring more of these important conversations to light. For more information on this topic, contact Info@IQVIAInstitute.org

About the Institute



The IQVIA Institute for Human Data Science contributes to the advancement of human health globally through timely research, insightful analysis and scientific expertise applied to granular non-identified patient-level data.

Fulfilling an essential need within healthcare, the Institute delivers objective, relevant insights and research that accelerate understanding and innovation critical to sound decision making and improved human outcomes. With access to IQVIA's institutional knowledge, advanced analytics, technology and unparalleled data the Institute works in tandem with a broad set of healthcare stakeholders to drive a research agenda focused on Human Data Science including government agencies, academic institutions, the life sciences industry, and payers.

Research Agenda

The research agenda for the Institute centers on 5 areas considered vital to contributing to the advancement of human health globally:

- Improving decision-making across health systems through the effective use of advanced analytics and methodologies applied to timely, relevant data.
- Addressing opportunities to improve clinical development productivity focused on innovative treatments that advance healthcare globally.
- Optimizing the performance of health systems by focusing on patient centricity, precision medicine and better understanding disease causes, treatment consequences and measures to improve quality and cost of healthcare delivered to patients.

- Understanding the future role for biopharmaceuticals in human health, market dynamics, and implications for manufacturers, public and private payers, providers, patients, pharmacists and distributors.
- Researching the role of technology in health system products, processes and delivery systems and the business and policy systems that drive innovation.

Guiding Principles

The Institute operates from a set of guiding principles:

- Healthcare solutions of the future require fact based scientific evidence, expert analysis of information, technology, ingenuity and a focus on individuals.
- Rigorous analysis must be applied to vast amounts of timely, high quality and relevant data to provide value and move healthcare forward.
- Collaboration across all stakeholders in the public and private sectors is critical to advancing healthcare solutions.
- Insights gained from information and analysis should be made widely available to healthcare stakeholders.
- Protecting individual privacy is essential, so research will be based on the use of non-identified patient information and provider information will be aggregated.
- Information will be used responsibly to advance research, inform discourse, achieve better healthcare and improve the health of all people.

The IQVIA Institute for Human Data Science is committed to using human data science to provide timely, fact-based perspectives on the dynamics of health systems and human health around the world. The cover artwork is a visual representation of this mission. Using algorithms and data from the report itself, the final image presents a new perspective on the complexity, beauty and mathematics of human data science and the insights within the pages.



CONTACT US
100 IMS Drive
Parsippany, NJ 07054
United States
info@iqviainstitute.org
iqviainstitute.org