Inequity damages health—and drains the economy

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Health inequities are a drain on the economy and are linked to an additional $320 billion in annual health care spending, which may grow to $1 trillion by 2040 if nothing is done about it, according to a report from the Deloitte Health Equity Institute.

“That is an urgent call to action,” said Jay Bhatt, DO, MPH, the institute’s director. “It’s not just the right thing to do, there’s a business imperative.”

The Deloitte Health Equity Institute report says health inequities account for roughly $42 billion in lost productivity annually and add about $15.6 billion in unnecessary spending associated with diabetes and $2.4 billion treating asthma.

These costs are the result of delayed care, access barriers, missed diagnoses and limited access to preventive services and scientific advances.

“That equity is everyone’s business,” Dr. Bhatt told attendees at the Executives’ Club of Chicago’s inaugural Healthcare Summit, hosted by Deloitte.

“As a company, if you have employees, you’re a health company because of the support that your employees need when it comes to their health and well-being,” he added.

Diana N. Derige, DrPH, AMA vice president of health equity strategy and development, participated in a panel discussion that followed Dr. Bhatt’s presentation, and she noted that the health inequities seen today are no accident.

“The disparities we see and the discrepancies we see in equity are not by chance,” Derige said. “It’s racialized policies and programs that have now all steeped into our culture.”

AMA policy defines health equity as “optimal health for all.”
Dr. Bhatt said “equity means that we're giving people the support they need at different parts of their journey, experience and circumstances.” He noted the need to “remove the systemic and structural barriers” some face in their quest for optimal health.

Stigma remains one of those barriers, and panelist Allison Arwady, MD, MPH, Chicago’s public health commissioner, urged the business leaders to not hinder their employees’ efforts to access behavioral health services. “You all, as business and economic leaders and as employers, play an important role in breaking stigma around this,” she added. “There is still an incredible amount of stigma where people have concerns that are not physical—even though those physical and mental concerns have a lot of intersection.”

**Chronic disease amplifies inequity**

Chicagoans have an average life expectancy of 75.4 years, with white people living to an average age of 79. That is 10 years longer than the average Black Chicagoan’s lifespan—and this gap keeps widening.

The biggest driver in this inequity is chronic disease, such as heart disease and diabetes.

Along with inequitable access to care, Dr. Arwady noted that these conditions are exacerbated by not having access to nutritious food or opportunities to safely exercise.

These drivers of health are often the result of economic decisions that people in a community have no influence over, said panelist Clyde W. Yancy, MD, MSc, the vice dean of diversity and inclusion and chief of the cardiology division at Northwestern University Feinberg School of Medicine.

“That's where the intersectionality of health and community becomes so important,” said Dr. Yancy, an AMA member and deputy editor of *JAMA Cardiology*.

“Somebody else made a decision to place a restaurant—fast food or otherwise—in a given community,” he added. “Somebody else made decision to a place a certain kind of grocery store—or remove or close a certain kind of grocery store. These things have incredible health consequences.”

**Making a generational impact**

Coupled with hypertension, another factor driving health inequity is the stress people in historically marginalized communities face every day that manifests itself in anxiety, depression and, eventually, cardiovascular disease.
These stresses also accumulate as a person’s allostatic load, that leads to a “weathering” effect on an individual, Dr. Yancy said.

Derige agreed.

“The weathering effect on our bodies is real—not just for ourselves, but for generations,” she said.

Northwestern Medicine is working to make a generational impact through its Scholars Program, which, Dr. Yancy explained, introduces science to Chicago high school students as something that is both fun and an opportunity.

So far, 98% of students involved go on to college, and 67% of those choose a major in science, technology, engineering or math. Dr. Yancy added that 75% of the students are the first in their families to go to college.

Similarly, Derige noted the investment the AMA is making in Chicago via West Side United, an organization seeking to shorten the 16?year gap in life expectancy between the 10 neighborhoods it serves and wealthy communities in the city’s downtown.

The AMA is contributing $5 million over five years in the organization’s investment pool that supports small business loans and other efforts to spur economic growth. Learn about ongoing efforts at the AMA Center for Health Equity.