American Heart Association.

Health Equity in the Workforce

The American Heart Association's Health Equity in the Workforce is an initiative in collaboration with the Deloitte Health Equity Institute and the SHRM Foundation. The Health Equity in the Workforce Initiative is part of the American Heart Association's Well-Being Works Better.

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SHRM Foundation

Strategies to help your company accelerate health equity in the workforce

Acknowledgments

We are grateful to everyone below who contributed to the development of this Health Equity Employer Resource Guide.

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The American Heart Association and our collaborators hope the information and examples in this guide will serve as a catalyst in your endeavors to reduce preventable health disparities and advance health equity in the workforce.

Foreword

Welcome to Version 2 of the Health Equity in the Workforce Employer Resource Guide (Guide). Version 1 of the Guide was released in November 2023 and since then over 1,000 employers have downloaded it from the American Heart Association's website reaching roughly 2.2 million employees.

What's New

Version 2 contains important updates to its predecessor. Most notably, the Guide contains the Top 10 Health Equity Strategies and Top 10 Health Equity Metrics that the Health Equity in the Workforce initiative and its collaborators, the Deloitte Health Equity Institute and SHRM Foundation, suggest that employers use in their journey to advance health equity for all in the workplace.

The Top 10 Strategies were prioritized from the nineteen strategies listed in Version 1 using a national leader consensus process called the **Delphi Method**. Over three successive surveys conducted between October and December 2023, 42 national health equity thought leaders and business professionals ranked the ten strategies. In their opinion representing diverse perspectives in the health equity field, these ten strategies are **operationally feasible** to implement and lead to the greatest **positive health impact** for employees. The process of successive ranking over three surveys is designed to generate consensus from divergent perspectives. The leaders represented individuals from 18 states and 28 cities across the country from 14 different job functions including CEOs, Chief Medical Officer, Chief Diversity Officer, Chief Human Resources Officer, Professor, Physician, and Consultant.

The Top 10 Metrics were identified through the same evidence-based process. Collecting these ten indicators are an excellent starting point and serve to help employers track whether they are moving towards **workforce health equity:** giving all employees, irrespective of their social, economic, and demographic status, the optimal and just opportunity to achieve their highest level of health and well-being. These metrics can provide employers with data that are feasible to measure and observable to describe their progress towards health equity.

Starting The Journey

Employers should start their health equity journey by assessing where they are using the health equity Pulse Check from the World Economic Forum's Global Health Equity Network in the Guide's **Appendix**. This can help employers evaluate whether they are at the very beginning of the journey, the middle, or approaching the destination.

Following this assessment, employers should implement the first few strategies in the Top 10 based on the readiness, capacity, resources, budget, and needs of the organization, as well as the needs of its employees.

There is no one size fits all: the adoption of the ten strategies will be shaped by the organizational factors listed above, including which leaders and staff within the organization champion health equity and those who are responsible for implementing the health equity strategies.

Executive Summary

In the United States, persistent disparities in health outcomes among different populations contribute to health inequities in all aspects of life, including at work.[1] These inequities result in higher health care costs and lost productivity for employers,[2] and they also can have cascading, negative effects on the overall workforce, community, and nation.

With 154 million nonelderly U.S. people (0-64 years)[3] receiving health care benefits through their employer, closing these gaps and promoting workplace ***health equity*** is increasingly a cross-cutting priority for employers as well as for national, state and community leaders.[4]

> **Achieving health equity means recognizing that everyone deserves an optimal and just opportunity to be healthy, giving special attention to the needs of those at greatest risk of poor health, and ensuring that no one is disadvantaged from reaching their potential because of social position or any other socially defined circumstance.[4]**
>
> – American Heart Association

Workforce health equity – health equity in a work setting – **is achieved when all employees have optimal and just opportunities to achieve their highest level of health and well-being.** However, the recent Morgan Health-NORC analysis of health outcomes among employees receiving employer-sponsored insurance (ESI) showed that chronic diseases vary signi icantly across race and ethnic groups.[1] For example, after adjusting for race and sex, Black enrollees were significantly more likely than White enrollees to have uncontrolled high blood pressure.[1] Other health disparities in Cesarean section delivery rates, behavioral health and substance use, obstacles to accessing care, and the prevalence of unmet social needs were also found.[1] Therefore, meeting this goal involves intentional organization-wide action to address systemic inequities and mitigate bias and discrimination to help ensure all employees receive the support they need to live a healthy life. The ultimate, aspirational goal is zero health gaps for employees irrespective of their ability status, age, ethnicity, gender, health literacy level, income level, race, sexual orientations or other attributes.

HEALTH INEQUITIES = $320 BILLION in annual U.S. health care spending

IF LEFT UNADDRESSED, health inequities are estimated to cost the U.S. **$1 TRILLION ANNUALLY BY 2040**

The cost of inaction to the U.S. economy and population is high. According to a 2022 analysis from Deloitte, health inequities account for roughly $320 billion in annual U.S. health care spending (or $1,000 additional cost per person annually)., If left unaddressed, these inequities could cost the U.S. economy **$1 trillion annually by 2040 (or $3,000 additional cost per person annually).** [5]

For employers across all industry sectors, there are both ***moral and business arguments for promoting workforce health equity.*** From a moral perspective, tackling health inequities can increase a sense of well- being and decrease human suffering by improving quality of life and increasing life expectancy.[6] From a business perspective, reducing health inequities can reduce many types of direct and indirect costs ranging from decreasing spending on health care to

increasing productivity and improving business performance.[2] Research also shows that workplaces that mitigate bias and discrimination can experience higher morale, more loyalty and lower turnover, all of which save employers money.[7]

Employers can help create the conditions for health equity at work by implementing benefits, policies, programs, and practices that promote health equity. As stewards and influencers in the community, employers can help drive health equity outside of work by collaborating with community partners to address the social drivers of health that can affect a person's ability to live a long, healthy life. These drivers include household income, education, nutrition security and access to affordable comprehensive health care benefits, among others. While employers are not solely responsible for mitigating these social drivers, the average person will spend 90,000 hours, or a third of their lives, at work.[8] Consequently, there is growing recognition that work itself is a driver of health and that work directly shapes the condition of a person's well-being.[9] Therefore, employers can be an essential part of the solution.

This guide is designed to provide business leaders with strategies to promote health equity and address any inequitable workplace policies and practices that are rooted in bias and discrimination based on ability, age, ethnicity, gender, income, race, sexual orientation, veteran status, or other factors. By implementing the ten suggested health equity strategies for the workplace contained in this Guide, employers can address the current health disparities and can improve the health and well-being outcomes of all employees. These recommendations may vary by organization depending on factors such as size, areas of focus, any other strategies that may be in place, and may not be suitable for all organizations.

Advancing health equity is not only the right thing to do for the health of the nation, it's also a sound business decision for employers looking to support their workforce, bolster business outcomes and build trust in their communities.

TOP 10 STRATEGIES*

Making measurable progress in health equity will likely require a comprehensive, sustained effort over time that puts employees at the center. From culture and values to strategic decision making, education, communications, and resourcing, the Top 10 strategies below offer a roadmap to help build a safe, equitable and healthy workplace.

Employers can implement these strategies in different ways depending on their size, access to resources, and where they are in their health equity journey. For a more detailed discussion of these Top 10 strategies, see the ***Implementing Health Equities Strategies*** section.

1. Offer comprehensive, understandable, and affordable health care coverage, including mental health, for all employees.
2. Support employee financial well-being through education, benefits, and other resources.
3. Strive to assemble a leadership team comprised of people from diverse backgrounds that are representative of the workforce and community.
4. Ensure pay equity and promote a living wage.
5. Embed health equity as a strategic priority in the organization's mindset, strategy, operations, resource allocations, and talent.
6. Take steps to minimize potential for bias and discrimination in hiring, retention, and promotion practices.
7. Offer paid family, medical, and sick leave.
8. Improve performance assessment methods to help ensure equitable and fair evaluation for all employees.
9. Educate managers about workforce health equity, and equip them with resources to implement and sustain health equity strategies.
10. Implement workplace health and well-being benefits, policies, programs, and systems that have been intentionally designed to promote equitable employee health outcomes.

*This information does not constitute legal advice; these activities and the suggested activities that follow should be carefully reviewed in consultation with legal and human resources advisors prior to implementation to assess risk as well as compliance with any applicable laws.

Moral and Business Imperative

In the United States, significant disparities in health outcomes among different populations lead to health inequities in all aspects of life, including at work.[1] These inequities, which can have significant cascading effects on the overall workforce, community, and nation, disproportionately affect people from racially and ethnically diverse groups, people with disabilities, women, people who identify as LGBTQIA+, people with limited English proficiency, people with lower incomes and other groups (see examples on the next page).[10-16] The year 2020 catalyzed a national conversation on health equity driven by the COVID-19 pandemic. Stark disparities in COVID-19 infection, hospitalization, and mortality rates further highlighted structural inequities in American health and society.[17-19]

Closing these gaps in health outcomes — helping to ensure health equity — is important for individuals' emotional, psychological, and physical health. But it is also important for business, and employers can play a significant role. While a wide variety of factors, including social factors as well as systemic biases and discrimination, are drivers of these inequities, there is renewed recognition that work itself is a significant contributor to health.[20] In addition, roughly 154 million nonelderly people (0-64 years) receive health care benefits through their employer. [3] U.S. employers pay an average of 82% of costs for employees and 70% of costs for families.[21]

Health inequities place a significant economic burden on employers.[2] According to a 2022 analysis from Deloitte, health inequities account for roughly $320 billion in annual U.S. health care spending ($1,000 additional cost for the average American) and, if left unaddressed, could cost the U.S.$1 trillion annually by 2040 ($3,000 additional cost for the average American).[5] A five-year study found that racial and mental health inequities account for $278 billion in excess spending.[22] Beyond health care costs, poor employee health reduces productivity and job performance, which negatively impacts employers.[2]

Addressing these inequities by moving toward health equity is a morally right thing to do. In the workplace, meeting this goal involves reducing gaps in health and well-being outcomes across different employee sub-populations (ethnicity, gender, race etc.). It can have numerous benefits for employers, including decreasing direct and indirect costs by reducing health care expenditures, increasing worker productivity, and increasing employers' ability to attract and retain diverse talent to fill job openings.[2,23]

To help facilitate this work, in March 2023, the American Heart Association launched the **Health Equity in the Workforce** initiative, a national collaboration with the Deloitte* Health Equity Institute and the SHRM Foundation. The purpose of the initiative is to combine insights from diverse business leaders and the latest science to develop guidance and tools to advance workforce health equity. By 2025, the initiative aims to enable employers to positively impact the health outcomes for 10 million U.S. employees. This number represents roughly 10% of the workforce who earn less than the national median income.[24] Developed as part of the initiative, this Guide, (Version 2; revised in spring 2024), provides employers with an updated roadmap to integrate health equity into organizational benefits, policies, practices, and systems. Version 2 builds on Version 1 by suggesting ten strategies employers can implement in the workplace and ten metrics to adopt to track progress towards workforce health equity over time.

For more information about the initiative, visit: **heart.org/workequity.**

Who Should Use This Guide

Whether you are new to the concept of health equity or are experienced with addressing health inequities, this guide is designed for all levels of expertise and need. A broad range of business leaders, including human resources (HR), benefits, workforce health and well-being, and diversity, equity and inclusion (DEI) executives, as well as other interested business leaders can use this guide to make the business case to promote health equity in the workforce, develop a plan to move toward health equity and measure progress.

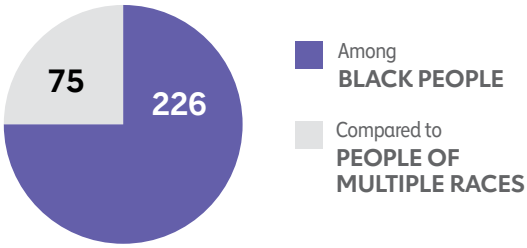
What Is Health Equity and Health Equity in the Workforce?

Achieving **health equity** means recognizing that everyone deserves an optimal and just opportunity to be healthy, with a focused attention to the needs of those at greatest risk of poor health and helping to ensure that no one is disadvantaged from reaching their potential because of social position or any other socially defined circumstance.[4]

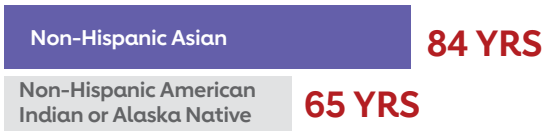
Achieving ***workforce health equity – health equity in a work setting*** -involves providing all employees access to optimal and just opportunities and resources so that they can achieve their highest level of health and well-being.

HOW HEALTH INEQUITIES AFFECT PEOPLE IN THE UNITED STATES

The Annual Death Rate
from Cardiovascular Disease is Significantly Higher for Some Groups than Others (age-adjusted rates per 100,000 U.S. population).[10]



Life Expectancy
for Asian people is about 19 years longer than it is for American Indian or Alaskan Native people.[11]



18.7%
of Hispanic Adults
report not seeing a doctor in the last 12 months because of cost compared to 6.9% of White adults.[13]

Adults Report Not Having
any usual source for health care outside of the emergency room.[12]

...to **Develop Heart Failure** or die within five years after their first severe heart attack compared to men.[14]

People who are transgender and gender diverse have **Higher Levels of Heart Disease and Heart-Related Risk Factors VS** non-LGBTQ+ people.[15]

2X

People living with disabilities are **two times more likely to develop health conditions** including depression, diabetes and stroke.[26]

Business Case

Health Inequities Lead to Direct and Indirect Costs for Employers

ABSENTEEISM IN THE WORKPLACE
can annually cost U.S. employers

$3,600
per hourly employee

$2,650
per salaried employee

Having a healthy workforce reduces absenteeism, presenteeism (lost productivity that occurs when employees are not fully functioning in the workplace because of an illness, injury, or other condition), health care costs and improves productivity.[2,25]

The costs of health inequities are substantial. Each year, U.S. employers lose approximately four workdays per employee to absenteeism, [26] costing them $3,600 per hourly employee and $2,650 per salaried employee.[27] While the exact cost of workplace presenteeism has not been fully determined, research suggests that employers on average lose approximately 58 workdays per employee (per year) to presenteeism.[26]

Systemic biases or discrimination, such as ableism, homophobia, racism, sexism, and other forms of bias and discrimination, can also negatively affect employee health, productivity, morale, and retention. Approximately 42% of Black employees, 26% of Asian employees and 21% of Hispanic Latino employees report unfair treatments at their place of work due to their race or ethnicity.[28] This discrimination can lead to chronic stress, which is a risk factor for chronic conditions such as high blood pressure.[29] Table 1 highlights some of the costs of inequities in health and discrimination for U.S. employers.

Table 2. Select Economic Costs of Health Disparities

HEALTH-RELATED FACTORS	DIRECT AND INDIRECT COSTS
Poor Mental Health U.S. adult prevalence rate: Approximately 20%[30]	$340 loss per day per full-time employee[31] $170 loss per day per part-time employee[31] $48 billion annual cost to U.S. economy[31]
High Blood Pressure U.S. adult prevalence rate: Almost 50%[32]	$1,920 in excess cost per employee[33] $131 billion direct costs (health care)[33] $52.1 billion indirect costs (lost productivity)[33]
Racial Discrimination Percentage of Black U.S. workers reporting racial discrimination in a national survey: 42%[34]	172 billion lost in turnover costs (2015-2020)[35] $16 trillion in lost productivity cost (2000-2020)[36]

Benefits of a Fostering a Healthy Work Culture

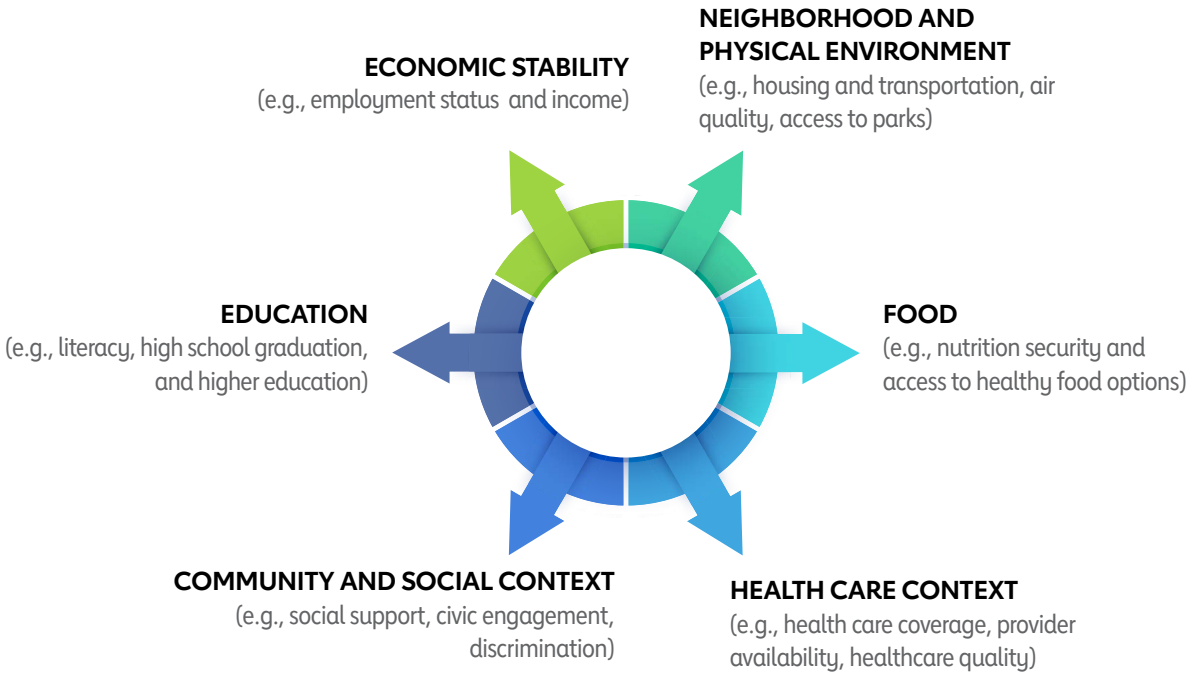
Employers that promote healthy work culture and health equity can differentiate themselves from competitors and other industries to help them attract and retain diverse, talented employees. This approach can help companies focus on corporate cultural and social responsibility while improving business outcomes. For example, a 2019 study found a positive association between organizations that implemented comprehensive health, safety and well-being programs and their stock performance on Standard and Poor's 500 compared to organizations that did not implement such programs.[37] Similarly, companies that are ethnically and racially diverse are 30% more profitable than companies that are not, according to Deloitte research.[38]

Social Drivers of Health Equity

Moving towards health equity involves organization-wide action to address systemic inequities, and systemic bias, and discrimination to help ensure all employees receive the support they need to live a healthy life. An employee's ability to achieve and maintain optimal health, however, is influenced by a complex web of interdependent social factors or drivers of health that extend beyond work into the broader community ecosystem.[39]

What social factors affect health equity?

The figure below shows six categories of social factors that contribute to a person's ability to strive for optimal health and well-being. U.S. research studies indicate that the social drivers of health can contribute as much as 50 percent in county-level variations in health outcomes, whereas clinical care contributes only 20 percent.[40]



These social drivers of health can have a negative impact on working adults who are not able to leave their social drivers of health behind when they participate in the workforce. For example, lack of affordable transportation or access to affordable, nutritious food due to financial insecurity can negatively impact an employee's physical and mental health.[41,42] Employer programs and policies can shape employee health. For example, when employers create a safe, healthy work environment and provide benefits such as access to affordable health care and paid leave, work conditions can be a positive force in shaping health.[41,42] Conversely, when employees experience negative exposures at work such as bias or discrimination, it can lead to negative health outcomes.[41,42]

In a recent study, for example, researchers found that people who experienced high levels of workplace discrimination were 54% more likely to develop first-time high blood pressure compared to employees who experienced low levels of discrimination at work.[43]

Employers can play a pivotal role in solutions, especially by enabling and supporting conditions that improve and uphold health equity at work. As anchor institutions in their communities, businesses can also build trust and promote health equity through strategic collaborations and alliances with community-based organizations and other stakeholders.

What are the obstacles to promoting health equity?

There are both individual (employee-level) and organizational (employer-level) obstacles to achieving health equity. Table 2 highlights many of these obstacles.

Table 2. Individual and Organizational Obstacles to Health Equity[44-49]

INDIVIDUAL OBSTACLES

Socioeconomic Factors

- Low household income
- Low educational attainment
- Low literacy
- Lack of social support
- Loneliness
- Low health literacy
- Unemployment

Health Behaviors

- Chronic stress
- Sedentary work
- Unhealthy nutrition
- Physical inactivity
- Tobacco use or vaping
- Inadequate sleep

Individual Work Obstacles

- Exposure to hazardous materials
- Personal impact of pay not meeting basic needs
- Impact of no or limited access to health care benefits
- Low use of existing health benefits
- Discrimination and bias
- Minimal opportunities for career advancement
- Unsafe work conditions

ORGANIZATIONAL OBSTACLES

- Lack of awareness of health equity
- Lack of interest in health equity
- Low strategic prioritization
- Limited funding to support health equity initiatives
- Low staff capacity for implementation
- External factors, including perceptions of health equity, Diversity, Equity, and Inclusion (DEI) and Environmental Social Governance (ESG) reporting standards
- Privacy concerns about employee health data
- Belief of employers that health is solely the employees' responsibility
- Few data points to support a return on investment (ROI) from health equity initiatives
- Unhealthy workplace policies and practices.
- Toxic workplace culture or climate

Implementation*

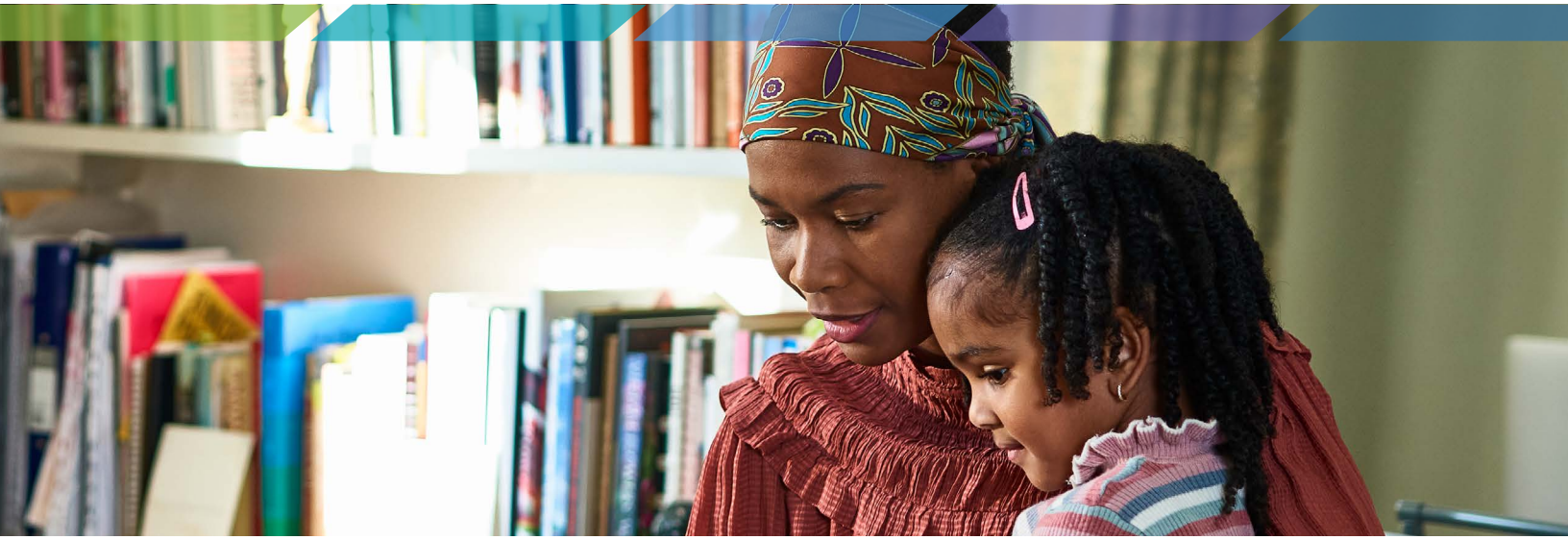
Overcoming the obstacles to advance health equity involves employers making a commitment to health equity and adopting a comprehensive, ecosystems approach.[50] Providing employees with "wellness" tools and resources to manage their personal health is one important strategy, but employers also should address the workplace systems or structures that may affect individual health.[51]

Employers can leverage their benefits design, programs, policies, and systems to foster healthy work culture and environments (whether onsite, hybrid, or fully remote) to help optimize equitable health outcomes for all employees. At the heart of this effort is putting systems in place to reduce any biases and discrimination.

Employers can also support the vitality of their communities and mitigate adverse health effects of unfavorable social factors by collaborating with community-based organizations and making strategic investments that are aligned with the needs of their local communities.

This section provides the Top 10 health equity strategies developed through the national leader consensus process – the Delphi Process - described in the ***Foreword***. Employers can implement these strategies over time based on their size, access to human and financial resources, and where they are on their health equity journey. Therefore, the following section includes specific steps to implement the Top 10 strategies depending on whether your organization is starting on their health equity journey (beginner) stage, have implemented some health equity strategies (intermediate stage), or is implementing the majority of strategies (advanced stage).

Although all the Top 10 strategies represent optimal health impact and operational feasibility as voted by a national panel of health equity thought leaders and business leaders (called the Delphi Process), it is important to acknowledge that implementing all ten strategies at the run or advanced stage should be an aspirational goal. It is important to strive to achieve that goal as soon as reasonably possible. However, there is no one size fits all. Rather, organizations are encouraged to start where they are, implement what they can, and add strategies over time.



**Note: This information below does not constitute legal advice; these activities should be carefully reviewed in consultation with legal and human resources advisors prior to implementation to assess risk as well as compliance with any applicable laws.*

1. Offer comprehensive, understandable, and affordable health care coverage, including mental health coverage, for all employees.

Why This Strategy Matters

More than 154 million people receive health benefits through their employers.[3]

In 2020, average employee premiums and deductibles made up nearly 12% of median household income.[52]

START

Implement Legal Requirements

- Offer affordable coverage (i.e., less than 8.4% of income) to 95% of full-time employees, as required by the Affordable Care Act.[53]
- Offer equally favorable mental health and substance abuse benefits, as required by the Mental Health Parity and Addiction Equity Act (MHPAEA).[54]

WALK

Assess Affordability and Offerings

- Provide coverage for all employees, especially those with lower incomes.
- Expand coverage to dependents and domestic partners.
- Evaluate the feasibility of varying premiums, deductibles, co-payments, and out-of-pocket maximums on a sliding scale based on income.
- Survey employees to understand coverage gaps and affordability limitations for each employee group and integrate feedback into coverage offerings.

RUN

Analyze for Equity

- Assess provider networks with carriers and third-party administrators to enable equitable access for all employees irrespective of their ethnicity, gender, income, race, sexual orientation, and other attributes.
- Regularly check in with employees and evaluate health care benefits and coverage to understand if coverage is accessible, understandable, and affordable.
- Evaluate health disparities using employee sub-population data received from health plan administrators, vendors, and brokers. For example, evaluate whether employees have convenient access to providers (including specialty providers), and providers who reflect the
identities of the employee population (e.g., race/ethnicity, language, sexual orientation).
- Ensure that employee sub-population data is collected, stored, and used in compliance with health care data rules and standards.

2. Support employee financial well-being through education, benefits, and other resources.

Why This Strategy Matters

75% of employees reported they are more likely to stay with an employer because of their benefits programs.[55]

Systemic bias and discrimination can put some employee populations at significantly higher financial risk. A 2023 report found that Black employees were less likely to have a retirement account than their peers and carried lower balances than White workers, regardless of their income level.[56]

START

Provide Financial Benefits

- Offer financial benefits (e.g., retirement plans, life insurance).
- Develop standard language explaining the financial benefits.
- Communicate financial benefits with employees through emails, posters, webinars, or even team huddles.

WALK

Assess Needs and Strive for Pay Equity

- Consider auto-enrolling employees into retirement plans.
- Evaluate pay/salary bands by various demographic segments and mitigate pay inequities in consultation with your HR and legal advisors
- Analyze employee access and use by different sub-populations to understand how different groups of employees use financial benefits and address findings.
- Consider creating pay equity and living wage metrics and track in a transparent manner to encourage leadership accountability.
- Coordinate with a third party vendor to evaluate the impact of compensation and total rewards on employee healthcare expenditures based on characteristics like ability status, age, ethnicity, gender, income level, race, and other available data.

RUN

Expand Benefits and Programs

- Expand defined contribution retirement benefits to match employee contributions.
- Offer financial coaching and training support.
- Consider credit union partnerships to provide access to low-cost banking and low-interest loans.
- Consider expanding benefits to include up-front tuition support (rather than tuition reimbursement) and income-scaled employer matching.
- Consider opt-out retirement plans.
- Implement emergency cash programs.[57]
- Consider increasing transparency in employee pay (e.g., include ranges at levels).

3. Strive to assemble a leadership team comprising people from diverse backgrounds and organizational levels that is representative of the workforce and the community.[58,59]

Why This Strategy Matters

Diverse management has been shown to increase revenue by 19%.[60]

Gender diversity at an executive-level accounts for 48% higher operating margin and 42% higher return on sales. [61]

START

Support Diverse Talent Pipelines

- Provide equal access to job opportunities as required by federal and state laws.
- If your organization is a federal government contractor, apply affirmative action obligations in employment activities as required by the relevant federal statutes.
- Focus on building a leadership team that reflects the workforce and community by leveraging networks inside and outside the organization to attract diverse candidates during the recruitment process.
- Support employee sub-populations, including employee groups who are underrepresented in leadership. Do so by establishing mentorship, sponsorship, and leadership development programs

WALK

Collect and Analyze Leadership Data to Set Goals

- Promote from inside and outside of the organization to help increase leadership diversity.
- Analyze leadership demographics (e.g., age, ethnicity, gender, race, sexual orientation etc.)[62] compared to the workforce and broader community using benchmark data where available.
- Set aspirational diversity goals based on observed gaps in representation compared to relevant benchmarks

RUN

Create a Leadership Diversity Task Force

- Establish a leadership diversity task force to focus on strategies to increase leadership representation.
- Annually report progress against diversity goals to measure gaps and progress over time.
- Regularly evaluate leadership demographics and feedback on programs to continue to evolve development and performance practices.

4. Strive for pay equity and promote a living wage.

Why This Strategy Matters

81% of workers are more productive and engaged when they perceive themselves as paid fairly. [63]

Among employed adults, a $1 hourly increase led to 16.1% reduction in absences from work due to illness. [64]

START

Raise Awareness Through Education

- Raise awareness within the organization of what pay equity is.
- Raise awareness within the organization of what a living wage is by, for example, using a credible living wage calculator as an educational tool.
- Use industry and regional benchmarks based on job function to set and evaluate employee compensation.
- Educate hiring managers and those responsible for compensation about methods for objective compensation review.

WALK

Commit to Pay Equity and Living Wages

- Implement a policy that commits the organization to paying all employees equitably for similar job duties irrespective of factors like age, ethnicity, gender, race, and so forth.
- Implement a policy that commits the organization to paying employees a living wage using a credible living wage calculator that takes into consideration the local cost of living expenses.

RUN

Audit Pay Equity and Living Wages

- Conduct a pay equity audit by analyzing the compensation, duties, and skills of the workforce against different demographics.
- Adjust compensation as needed to remedy any inequities in consultation with your HR and legal advisors.

5. Prioritize health equity as a strategic business imperative by embedding it into the organization's mindset, strategy, operations, resource allocations and talent.[65]

Why This Strategy Matters

Health disparities account for roughly $42 billion in lost productivity per year.[66]

If left unaddressed, health inequities could cost the U.S. $1 trillion in health costs by 2040, and employers share some of the burden of this spend.[66]

START

Define Health Equity and Create a Baseline

- Define what health equity means to the organization, its employees, and the industry.
- Develop a baseline for internal awareness of health equity concepts and determine existing obstacles to equitable health and well-being for employees.

WALK

Identify Growth Opportunities and Develop a Plan

- Determine a baseline for the current state of health equity in the organization and identify areas for improvement.
- Develop a plan for progress in those areas, integrate it into the organization's overall health and well-being plan, and identify metrics to measure improvement annually.
- Set organization goals for metrics and assign accountability to health equity initiatives.

RUN

Dedicate Resources and Incentivize Progress

- Allocate staff resources to implement and govern health equity projects (e.g., HR managers, and/or DEI managers)
- Consider appointing a Chief Health Equity Officer who is responsible for the organization's health equity strategy and execution.
- Dedicate a protected budget to health equity, including paid staff time for health equity activities.
- Integrate health equity goals with overall strategic goals.
- Include progress toward health equity goals in the performance reviews of leaders and managers who have responsibility for achieving these goals. Report progress to leadership.

6. Take steps to minimize potential for bias and discrimination in hiring, retention, and promotion practices.[59]

Why This Strategy Matters

Companies that are ethnically and racially diverse are 30% more profitable than companies that are not.[38]

Workforce diversity is important to 76% of job seekers. [67]

START

Address Root Causes

- Offer unconscious bias training to employees (e.g., during team huddles).
- Leverage employee resource groups (ERGs) or affinity groups for ideas around improving the hiring process and employee experience.
- Re-align job descriptions and open position solicitations with skills-based language .
- Create a recruiting team that represents diverse experiences, which may be more likely to be representative of candidates' identities (where possible).

WALK

Expand Anti-Bias Practices

- Ensure that both human and technology-assisted resume reviews do not use degrees, names, and age as core factors in determining whether a candidate progresses to interviews or hire.
- Establish layers of review so that individual candidates have several people evaluating them.

RUN

Attract and Retain a Diverse Workforce

- Analyze community demographics compared to the workforce to identify groups that may require focused recruitment efforts to increase representation.
- Diversify talent pipelines using talent sources with people reflecting population of the community.
- Attract and retain a diverse workforce through initiatives like mentoring programs.

7. Offer paid family, medical, and sick leave.

Why This Strategy Matters

First-time mothers who take paid leave are more likely to return to the same employer than those who take unpaid or no leave. [68]

Paid leave reduces turnover; in addition, replacing workers typically costs 24% of annual wages and as much as 150% in some industries. [68]

START

Provide Required Leave

- Provide unpaid, job-protected leave to comply with regulations required by state, federal, and/or local laws (e.g. up to 12 weeks under the Family Medical Leave Act). [69]
- Start conversations with the workforce to understand the needs around leave.

WALK

Offer Varying Paid Leave

- Provide adequate paid time off, in line with employee feedback, to cover personal time, vacations and sickness for employees and family members.
- Offer paid family, medical and sick leave to employees, varying allocation of leave days by employee tenure (i.e., more senior personnel receive more leave days).
- Track leave usage and record feedback on leave needed.

RUN

Grant Universal Paid Leave

- Provide equal paid leave for employees at all levels, including equal family leave for men and women.
- Remove any organizational obstacles to taking leave (e.g., negative impact on performance metrics).
- Consider implementing a sabbatical program for extended leave.

8. Improve performance assessment methods to ensure equitable and fair evaluation for all employees.

Why This Strategy Matters

Research shows female leaders often receive negative feedback that is overly focused on communication style, rather than performance. More than three-quarters (76%) of references to being "too aggressive" occurred in women's reviews, compared to 24% of references in men's reviews.[70]

Employees that receive consistent feedback had 15% lower turnover rates than employees who do not receive feedback at all. [71]

START

Establish Performance Criteria

- Establish performance criteria with definitions and examples of observable behaviors and actions at each level.
- Teach managers and employees about setting goals and how to evaluate and document performance against goals.

WALK

Enable Equitable Practices

- Hold managers accountable for equitable performance reviews and evaluations, consistently applying clear criteria
- Consider implementing performance review mechanisms for upward and peer feedback.

RUN

Audit for Equity

- Conduct performance evaluation audits in consultation with your HR and legal advisors on performance outcomes by employee characteristics that are captured in the organization's administrative data such as ability status, age, ethnicity, gender, income level, race, veteran status, and so forth.
- Consider implementing automatic prompts in performance review software workflows that encourage managers to reflect on, and mitigate their unconscious biases when conducting performance reviews.
- Create a cross-functional talent task force comprised of HR leaders and leaders from other organizational units to promote and monitor equitable review processes.

9. Educate managers about workforce health equity and equip them with resources to implement and sustain health equity strategies.

Why This Strategy Matters

A virtual training for primary health care providers on health equity and implicit bias improved knowledge and attitudes and had high satisfaction.[72]

Mental health training programs for leaders have shown a reduction in the duration of short-term disability claims.[73]

START

Distribute Public Resources

- Research publicly available health equity training courses and materials. Distribute to leadership.
- Support voluntary training for leaders and managers.
- Start health equity conversations with leaders and ask if they are receiving the necessary support to promote access to equitable health and well-being among their teams.

WALK

Provide Formal Training to Managers

- Implement voluntary formal training (online, in-person, or hybrid) to managers using courses from a credible organization or vendor.
- Support training with learning and educational resources to support course content.
- Host team huddles and focus groups to discuss health equity with leaders and managers
- Record feedback to evaluate the acceptability and effectiveness of health equity training.

RUN

Expand Formal Training and Tailor as Needed

- Expand voluntary training for all employees if evaluation of manager training shows engagement and effectiveness.
- Consider making training an annual requirement for all managers.
- Analyze results and feedback to improve the training over time.
- Consider tailoring the training to the organization's industry and workforce as needed to make it more relevant.
- Support training with learning and educational resources to support course content.

10. Implement workplace health and well-being benefits, policies, programs, and systems that have been intentionally designed to promote equitable employee health outcomes.

Why This Strategy Matters

79% of employees believe their company's well-being programs help them be as productive as possible.[74]

9 in 10 workers report being motivated to do their best when organizational leadership supports well-being efforts. [75]

START

Distribute Low or No Cost Publicly Available Materials

- Initiate conversations with employees about their well-being needs. Provide publicly available health and well-being promotional materials to all employees.

WALK

Implement Science Backed Leading Practices

- Implement science-backed well-being leading practices, i.e., benefits, policies, programs, and systems that are associated with positive health impact.
- Use publicly available organizational health and well-being scorecards that include health equity as a domain to evaluate organizational progress in implementing leading practices.
- Use employee feedback to identify areas for further evolving healthy work culture and health equity so that benefits, policies, programs, and systems can meet their needs.

RUN

Expand Programming to Include Social Drivers That Affect Health

- Use proxy (e.g., indirect) data, employee sentiment and evaluation tools to further uncover employee needs.
- Consider surveying employees about their social needs related to the six social drivers of health. These are: economic stability, education access and quality, health care access and quality, neighborhood and environment, and social and community context.
- Expand employer-led health equity benefits, policies, programs, and systems, to address the social drivers of health, such as housing security programs.

Measuring Progress

Achieving health equity in the workforce starts with defining the aspirational goal: a future with zero gaps in health care and health and well-being outcomes for employees, irrespective of their ability, age, ethnicity, gender, health literacy level, income level, race, sexual orientation or other attributes (also known as the "zero health gaps" goal). To get started, employers should understand their current state. Then, they can implement health equity initiatives and measure progress in a thoughtful and systematic way.

Assessing Your Organization's Current Health Equity Status

The following framework is adapted from the **World Economic Forum's Global Health Equity Network Health Equity Pulse Check.**

It describes five levels in the journey to health equity. The Health Equity Pulse Check assessment in Appendix A consists of 20 questions that can help identify where your organization is on this readiness continuum. It focuses on four domains that affect health: your organization, its offerings, the community in which it operates and the larger ecosystem of partners and public policy.

USING THE PULSE CHECK WITH YOUR ORGANIZATION

1

Assemble a set of leaders with insight into your organization's health equity initiatives and programs.

2

Have the group members **collectively fill out** the most fitting response to each of the 20 questions in the Pulse Check.

3

Reflect on results to **determine if the leadership team is aligned** in their perception of where your organization is today in its health equity journey.

IDENTIFYING WHERE YOUR ORGANIZATION IS TODAY

The Health Equity Journey

The Health Equity Journey

UNKNOWN
Our organization currently:

- Is unsure of how or where organizational activities affect health and health equity
- Needs more learning or information sharing across business units

Health Equity is Important, but Not a Key Investment

NO ACTION
Our organization currently:

- Recognizing that health equity is a business imperative, and that health equity drives business value
- Understanding that every company is a health company and business decisions directly impact health across the four domains
- Does not fully understand how or where to start

Health Equity Is Part of Our Mission

STARTING THE JOURNEY
Our organization currently:

- Is having courageous conversations about health equity goals
- Is getting started and putting processes in place to make health equity a priority
- Is assessing readiness to prioritize health equity and aligning Board and executives in organizational goals

Health Equity Is Embedded into Our Business

BUILDING THE FOUNDATION
Our organization currently:

- Is creating initiatives to advance health equity among populations served
- Is creating metrics to measure progress
- Is integrating health equity considerations across all core functions, including with external stakeholders

Health Equity Is Core to Our Strategy and Market Position

LEADING THE WAY
Our organization currently:

- Is known to others as a leader in health equity
- Measures the impact of health equity initiatives in the community
- Shares our experience — wins and stumbles — with others and continuously integrates learnings into our efforts

(**Source:** Global Health Equity Network (weforum.org) Member login is required to access resources. Used with permission.)

Measuring Progress and SMART Goals

A wide range of long-standing social, political and financial factors have contributed to the inequities in the U.S. health care system.[76] Addressing these factors to close gaps and achieve health equity will be a long-term process. Heath equity initiatives may take years to demonstrate sustainable, long-term success financially and require a commitment to continuous, consistent monitoring and improvement to continue progressing.

Employers should consider prioritizing a few health equity strategies to implement based on the needs of their organization and employees, and then begin collecting metrics to measure the impact of the selected strategies (details on strategy-specific metrics can be found in Appendix B). This work may require new data collection mechanisms or secondary uses of existing data. Additionally, employers should consider indirect benefits and the impact the organization can have locally, regionally and nationally.

As you determine how to measure progress for your health equity journey, consider these steps and leading practices:

- Set specific measurement goals: What are you trying to achieve?
- Determine whether your goals can be measured by leveraging existing data sources and collecting new data.
- Make goals SMART (specific, measurable, achievable, realistic and timely).
- Work with internal teams and well-being program vendors to help ensure that programs or interventions are being appropriately and accurately evaluated, including disaggregated data at the population sub-group level.
- Include objective measures such as changes in actual health outcomes, e.g., improvements in blood pressure control by population sub-group. While the data may be hard to get at first, it should be worth the effort to help ensure that there is an actual benefit.
- Identify early signals (outputs) that can be tracked. Health outcomes not only may be hard to get, but they may also take a long time to influence. There are several early signals that can be identified. For example, tracking participation in well-being programs is generally a good early indicator for a lagging indicator such as improvements in employee health status.
- Encourage an approach that focuses on collaboration and uses existing information, the use of "proxy data," use of existing data systems for targeting data needs, better information collection and sharing where possible, and leveraging value-based agreements with service providers.
- Adopt a continuous quality improvement approach to the work.
- Ensure that you have a plan to act on any information you collect to maintain trust with your employees and community.
- Appreciate the need for objective measures (quantitative or semi-quantitative) as a business incentive: employers can create better environments for their employees because there is a longer-term return on investment or return on total value that factors in elements such as turnover and employee satisfaction. For example, measuring

absenteeism and presenteeism over time can help evaluate how health equity programs improve the business bottom line.

- Schedule regular data collection and reporting. The frequency of reporting will depend on the goals of each specific initiative; however, creating an annual dashboard of key metrics should be possible.
- Use a series of measures that reflect the implementation time horizon to address health inequities:
- Early indicators (less than 3 months) - outputs. These indicators are generally more process focused, such as well-being program participation rates.
- Intermediate indicators (3-6 months) - intermediary outcomes. These indicators can be useful to describe outcomes that occur as the result of outreach, such as improvements in medication adherence or changes in hiring practices that are more equitable.
- Lagging indicators (more than 6 months to a year) - outcomes. These indicators are generally outcomes focused, such as the diversity of representation in the workforce by sub-population groups, health status and health care costs.

Top 10 Health Equity Metrics

The following Top 10 metrics can serve as a starting point to measure health equity in the workforce, or to measure if all employees have the opportunity to achieve their highest level of health and well-being.

Top 5 Process Metrics

Process metrics provide the data and insights to objectively evaluate how business processes are working and whether they are aligning with your organization's goals. Suggested types of process metrics include:

1. Percentage of strategic goals related to driving health equity;
2. Percentage of workforce enrolled in an employer-sponsored health plan;
3. Percentage of leaders with health equity measures attached to their performance;
4. Percentage of paycheck paid to health benefits; and
5. Wage data (payroll and living wage data).

Top 5 Outcomes Metrics

Outcomes metrics are the specific data that your organization collects to assess the extent to which expected outcomes (e.g., changes in behaviors, attitudes, or knowledge) have been achieved. Suggested types of outcomes metrics include:

1. Employee perception of health/well-being;
2. Employee sentiment on belonging and diversity, equity and inclusion;
3. Promotion and pay parity data;
4. Employee feedback on satisfaction with health benefits; and
5. Health benefit utilization.

The **10 strategies in this guide** offer a framework for creating an illustrative health equity dashboard See **Appendix C** for an example of an illustrative dashboard to monitor progress on these metrics.

Next Steps

The American Heart Association's Health Equity in the Workforce initiative, in collaboration with the Deloitte Health Equity Institute and the SHRM Foundation, will continue convening national thought leaders, business leaders, policymakers and practitioners to update health equity resources with recent insights and data from research and practice. New health equity toolkits are forthcoming to support implementing health equity strategies.

To receive the American Heart Association's latest resources for advancing workforce health and well-being, including health equity, visit **heart.org/workequity** or **sign up for our newsletter.**

Get Involved

If you have questions, feedback or would like to get involved in our workforce well-being efforts, contact us at **workforce@heart.org.**

Follow the American Heart Association:

- **LinkedIn**
- **Facebook**
- **Instagram**
- **X (formerly Twitter)**

Additional Resources

Well-being Works Better™ Scorecard | American Heart Association

The American Heart Association's Scorecard is a science-backed assessment tool designed to help employers evaluate whether their workplace culture and environment is healthy to support the health and well-being of all employees.

The Deloitte Health Equity Institute (DHEI)

The mission of the Deloitte Health Equity Institute is advancing health equity to make an impact that matters. DHEI has created cross-sector collaborations and tools aimed at addressing disparities in the drivers of health, racism and bias, and structural flaws in the health system.

Designing and Managing Wellness Programs | SHRM

By offering employees the means and the educational tools to take control of their wellness, employers promote a healthier, more productive work environment. A well-executed program can reduce health care costs, augment productivity and increase employee retention, providing further support for the correlation between personal health and job satisfaction.

Global Health Equity Network | World Economic Forum

The Global Health Equity Network aims to shape a healthier and more inclusive world through mobilizing executive leadership and commitment across sectors and geographies to prioritize health equity action in organizational strategy and purpose.

Workplace Well-Being Resources | U.S. Surgeon General

The Surgeon General's Framework for Workplace Mental Health and Well-Being provides information about the Five Essentials of workplace mental health and well-being — a foundation that workplaces of any size, across any industry, can build upon.

Health Care's Transforming Role | Raising the Bar

Supported by the Robert Wood Johnson Foundation, Raising the Bar provides an actionable framework for the entire health care sector to embed equity and excellence throughout its work and help achieve optimal health for all.

Living Wage Calculator | MIT

Today, families and individuals working in low-wage jobs make too little income to meet minimum standards of living in their community. MIT developed the Living Wage Calculator to help individuals, communities, employers, and others estimate the local wage rate that a full-time worker requires to cover the costs of their family's basic needs where they live. Explore the living wage in your county, metro area, or state for 12 different family types. The data was last updated on February 14, 2024.

Glossary

Health Equity: Achieving health equity means recognizing that everyone deserves an optimal and just opportunity to be healthy, giving special attention to the needs of those at greatest risk of poor health, and ensuring that no one is disadvantaged from reaching their potential because of social position or any other socially defined circumstance. (Source: American Heart Association)

Workforce Health Equity: Is the application of the concept of health equity to the workplace setting. Workforce health equity is achieved when all employees are given the optimal and just opportunities and resources so that they can achieve their highest level of health and well-being. (Source: American Heart Association, Health Equity in the Workforce initiative).

Diversity, equity, and inclusion (DEI): Describes initiatives that aim to address the ongoing exclusion of under-represented groups in employment, education, and other institutional contexts. DEI emerged out of the American Civil Rights movement in the 1960s as a response to deeply entrenched patterns of racial discrimination. (Source: Kelly et al., 2022).

Diversity: Diversity refers to welcoming and embracing difference, in relation to social demographics as well as diversity of perspectives, experiences, and ideas. (Source: Kelly et al., 2022).

Equity: Contrasted with equality, which refers to treating all people the same by offering each individual the same benefits, services, and opportunities. Whereas equity refers to achieving fair outcomes, offering each individual the quantity of benefits, services, and opportunity to realize the fair outcome and recognizing diversity, and addressing inequality through intervention. (Source: Kelly et al., 2022).

Inclusion: Is fostering an environment and culture that is welcoming and supports diverse individuals and/or groups of people with diverse abilities, perspectives, experiences, and ideas, which may also require concrete changes such as making accommodations to address the physical and social barriers to inclusion. (Source: Kelly et al., 2022).

Social determinants of health (SDOH)*: Are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. (Source: U.S. Department of Health and Human Services, Healthy People, 2030)

Safe and healthy workplace culture: The product of individual and group values, attitudes, perceptions, competencies, and patterns of behavior that determine the commitment to, and the style and proficiency of, an organization's health and safety management. (Source: National Institute for Occupational Safety and Health (NIOSH))

Psychological safety: Psychological safety develops over time. When it exists, members of a team can be themselves, and they share the belief they can take appropriate risks, and they can and should admit and discuss mistakes, openly address problems and tough issues, seek help and feedback, trust that no one on the team is out to get them, and trust that they are a valued member of the team. (Source: American Psychological Association, 2024)

**In this Guide, the term "social factors of health" is used instead of social determinants.*

APPENDIX

Appendix A: Global Health Equity Network — Health Equity Pulse Check Worksheet

DOMAIN	No.	QUESTION	A. UNKNOWN	B. NO ACTION	C. TALKING THE TALK	D. WALKING THE WALK	E. RUNNING
ORGANIZATION	1.1	Do we understand and invest in the health of our workforce and their families?	☐	☐	☐	☐	☐
	1.2	Do we understand and invest in the social, economic and environmental needs and challenges impacting the health of our workforce and their families (e.g., affordable housing)?	☐	☐	☐	☐	☐
	1.3	To what extent do we hold ourselves (as an organization) accountable for these investments?	☐	☐	☐	☐	☐
	1.4	Do we measure and support internal diversity, equity and inclusion?	☐	☐	☐	☐	☐
	1.5	Is our Board engaged in health equity?	☐	☐	☐	☐	☐
OFFERINGS	2.1	Are our offerings (products and services) accessible to potential customers in under-resourced or marginalized groups?	☐	☐	☐	☐	☐
	2.2	Do we incorporate programs to drive affordability of our offerings to potential customers in under-resourced or marginalized groups in our commercial offerings strategy?	☐	☐	☐	☐	☐
	2.3	Does the design process for our offerings address systemic bias and needs of potential customers in under-resourced or marginalized groups (e.g., clinical trial diversity)?	☐	☐	☐	☐	☐
	2.4	Do we proactively evaluate our offerings for unintended harm or inequities that may result from their production, sale or use?	☐	☐	☐	☐	☐
	2.5	Are the artificial intelligence, algorithms and other technologies we employ ethical and free of bias?	☐	☐	☐	☐	☐
COMMUNITY	3.1	To what extent do we understand the health challenges where we recruit, serve and operate?	☐	☐	☐	☐	☐
	3.2	Do we understand the socioeconomic needs and challenges impacting the health of our community?	☐	☐	☐	☐	☐
	3.3	Do we understand the environmental needs and challenges impacting the health of our community?	☐	☐	☐	☐	☐
	3.4	To what extent do we invest into the social, economic and environmental drivers of health in our communities?	☐	☐	☐	☐	☐
	3.5	To what extent do we partner and coordinate with community groups on health efforts?	☐	☐	☐	☐	☐
	3.6	Do we create long-term sustainability and transition strategies to ensure ongoing impact of our community investments?	☐	☐	☐	☐	☐
ECOSYSTEM	4.1	To what extent do we hold our partners and supply chain accountable for health equity?	☐	☐	☐	☐	☐
	4.2	To what extent do we invest in public policies and advocacy for the betterment of health equity?	☐	☐	☐	☐	☐
	4.3	Do we publicly commit and take accountability for health equity?	☐	☐	☐	☐	☐
	4.4	Do we make business choices based on public policy on health equity?	☐	☐	☐	☐	☐

(**Source:** Global Health Equity Network (weforum.org) Member login is required to access resources. Used with permission.)

Appendix B: Strategy-Specific Health Equity Metrics

The following section provides measures employers can use to monitor their progress on the 10 Actionable Strategies for moving toward health equity. It includes both metrics that are essential and metrics that are good to have but not essential for the steps outlined in the Start, Walk, and Run categories for each strategy.

Keep in mind that when monitoring measurement with a health equity lens, tracking trends and gathering insights across different employee groups are important. All surveys and focus groups should be representative of the employee population. In addition, analyzing disaggregated data can highlight potential gaps in current offerings or identify opportunities to better meet the needs of employees. Consider segmenting data by the following:

- Ability status;
- Address or zip code;
- Age;
- Education;
- Employee type (e.g., office vs front line);
- Ethnicity;
- Income;
- Language;
- Race;
- Sexual orientation and gender identity.

Note: Segmenting data by demographics could lead to negative unintended consequences, such as hiring bias against a certain employee group. Employers must handle the data and associated insights in an ethical way.

Strategy 1: Offer comprehensive, understandable, and affordable health care coverage for all employees including mental health.

Analyzing health care coverage metrics for the workforce and by demographics (e.g., income level, race/ethnicity, sexual identity can highlight potential coverage gaps for employee groups and identify areas for improvement.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Percentage of **paycheck spent on employer-sponsored insurance,** including year-over-year trends (start, walk, run metric)	Internal analysis of payroll data	Indicates insurance affordability and Affordable Care Act compliance (< 8.4% of paycheck).
Percentage **of employees enrolled in employer-sponsored insurance** (start, walk, run metric)	Internal analysis of enrollment data	Indicates if insurance is affordable, comprehensive, and well communicated.
Percentage of **employees enrolled in additional insurance** beyond employer-sponsored insurance (walk and run metric)	Survey or focus group, with questions such as, "Do you use other coverage to meet your needs?"	Use of additional plans points toward incomplete or unaffordable benefits offerings.

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Benefits utilization analysis, including year-over-year trends (especially as percentage of paycheck increases) (walk and run metric)	Vendor reports, supplemented by survey or focus groups as needed	Demonstrates which benefits are used by employees and can highlight demographic differences.
Sentiment analysis from pulse check on benefits (start, walk, run metric)	Pulse survey, with questions such as, "Do you feel that your benefits cover your health needs?"	Indicates if benefits are affordable, comprehensive, and satisfying all employee needs.
Aggregated claims data analysis (walk and run metric)	Claims data from health care provider/vendor (supplemented by surveys/focus groups as needed)	Reports costs and is a proxy for care access, highlighting any demographic differences

Additional Metrics to Consider

- Percentage of employees eligible for health benefits;
- Out-of-pocket health care costs as percentage of paycheck; and
- Percentage of underinsured employees.

Strategy 2: Support employee financial well-being through education, benefits, and other resources.

Insights from financial well-being metrics can influence the design of financial benefits, incentives, and training programs to promote equitable offerings that allow employees at all income levels to work toward financial well-being.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Percentage of employees **enrolled in financial benefits** (start, walk, and run metric)	Survey, focus group, or internal analysis of enrollment data	Indicates if benefits are well communicated and attractive.
Percentage of **paycheck contributed** to financial benefits (start, walk, and run metric)	Internal analysis of payroll data	Highlights any disparity among income levels contributing to financial benefits.
Sentiment analysis from feedback survey on coaching/training (run metric)	Feedback survey or focus group, with questions such as, "Did coaching improve your understanding of financial benefits?"	Indicates coaching/training effectiveness and highlights areas for improvement and areas of success.

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Pay equity analysis (start,walk, and run metric)	Payroll data analysis (potentially supplemented by demographic-related surveys)	Assesses any disparities within pay/ salary bands through the lens of different employee groups.
Financial benefits utilization analysis (start, walk, and run metric)	Internal analysis of benefits utilization/ vendor data, with surveys/focus groups as needed	Segmenting by demographics informs incentive design for different employee groups.
Sentiment analysis from pulse check on perspective of financial well-being (start, walk, and run metric)	Pulse survey, with questions such as, "Does your compensation enable you to meet more than your basic needs?"	Indicates if additional education or benefits are needed to promote financial well-being.

Additional Metrics to Consider

- Percentage of employees eligible for financial benefits; and
- Data on withdrawals from retirement plans.

Strategy 3: Focus on assembling a leadership team that is composed of people from diverse backgrounds and representative of the workforce and community.

A review of both leadership demographics and the various initiatives meant to support employees on their path to leadership allows organizations to tailor hiring, development, and performance practices to support the advancement of all employees.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Sentiment analysis from **feedback survey on mentorship programs** (walk and run metric)	Feedback survey, with questions such as, "Did the mentorship program improve your sense of belonging in this organization?"	Indicates mentorship program effectiveness and highlights areas for improvement.

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Leadership demographic (e.g., gender, race/ethnicity, sexual orientation) analysis (start, walk, and run metric)	Payroll data analysis (potentially supplemented by demographic-related surveys)	Assesses any disparities within pay/salary bands through the lens of different employee groups.
Sentiment analysis on pulse check for inclusion and belonging (start, walk, and run metric)	Internal analysis of benefits utilization/ vendor data, with surveys/focus groups as needed	Segmenting by demographics informs incentive design for different employee groups.

Strategy 4: Ensure that organizational system and practices support pay equity and promote a living wage.

Pay equity analysis helps employers to pay employees equitable wages, regardless of identity or unrelated factors, while assessing and maintaining a living wage program promotes financial well-being and overall health.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Pay equity analysis (walk and run metric)	Payroll data analysis (potentially supplemented by demographic-related surveys)	Assesses any disparities within pay/salary bands through the lens of different employee groups.
Living wage analysis (run metric)	Comparison of payroll and public information on living wages for worksite	Demonstrates any gaps between actual wages and the income needed to support more than your basic needs..

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Sentiment analysis from pulse check on financial well-being (start, walk, and run metric)	Pulse survey, with questions such as, "Is your income enough to support more than your basic needs?"	Indicates whether employees feel that wages are fair and adequate.

Additional Metrics to Consider

- Evaluation of/audit of employer policies and wage-based subsidies for employer benefits programs (e.g., medical benefits, child care, retirement).

Strategy 5: Prioritize health equity as a strategic business imperative by embedding it into the organization's mindset, strategy, operations, resource allocations, and talent.

Reviewing strategic imperative metrics indicates whether an organization is prioritizing health equity, and organizations can use insights to identify whether more resources, programs, policies, or incentives are needed to make progress toward health equity goals.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Percentage of **strategic goals** related to driving workplace health equity (walk and run metric)	Review of documented strategic goals across organization	Captures the importance of formally incorporating health equity goals at the strategic level.
Percentage of leaders **with health equity measures attached** to their performance (run metric)	Performance management system/ written guidelines	Indicates the importance and formality of health equity goals and incentives among leaders.

Percentage of **budget** used for health equity resources/programs (walk and run metric)	Financial reporting	Indicates health equity cost and use of dedicated resources.
Count of staff with **dedicated time** for health equity and/or percentage of staff time dedicated to health equity projects (walk and run metric)	Talent management system, job descriptions, or survey of/interviews with employees	Demonstrates dedication to the progress of health equity in the organization.

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Progress toward strategic goals related to health equity in the workplace (walk and run metric)	Annual reporting and leadership reviews	Tracks organization trends against set health equity goals and indicates areas that may need more resource allocation.
Awareness of health equity and health equity programs within the organization (start, walk, and run metric)	Survey or focus group questions such as, "Do we understand and invest in the health of our workforce?"	Tracks health equity awareness in the organization before and after goalsetting.

Additional Metrics to Consider

- Employee/peer ratings of their manager's health equity strategy implementation.

Strategy 6: Take steps to minimize any potential for bias and discrimination in hiring and retention practices.

Comparing hiring and retention rates (and ultimately workforce composition) across various employee types to Census data can help inform what action could help build a representative pipeline of talent for the workforce.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Unconscious bias **training completion rate** for hiring managers (walk and run metric)	Manual documentation and/or training tool report	Indicates level of leadership exposure to unconscious bias training.
Percentage of applicants reviewed for hire with **names, age, and/or employment gaps blinded or removed** (start, walk, and run metric)	Talent acquisition records	Tracks adoption of anti-bias practices (e.g., blinded resumes).
Percentage of job descriptions that **offer skill-based alternatives** to educational requirements, when applicable (walk and run metric)	Job description postings	Tracks adoption of anti-bias practices (e.g., removing educational obstacles).

Sentiment analysis from feedback survey on **training** (walk and run metric)	Feedback survey or focus group with questions such as, "Did training improve your understanding of implicit bias?"	Indicates training effectiveness and highlights areas for improvement and areas of success.
Sentiment analysis from feedback survey on hiring process (start, walk, and run metric)	Feedback survey or focus group with questions such as, "How has your experience been seeking a career with us?"	Highlights areas for improvement and areas of success in the hiring process, especially for different employee types.

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Analysis of **workforce demographics** compared to **Census** demographics (i.e., progress toward hiring goals) (run metric)	Publicly available or purchased data on community demographics; internal sources	Identifies types of employees to focus recruiting efforts on to be representative of the community.
Hiring and attrition data analysis (by demographic) (start, walk, and run metric)	Human resources records	Tracks hiring efforts against equity goals and monitors retention.
Sentiment analysis from pulse check on belonging and inclusion (start, walk, and run metric)	Pulse survey, with questions such as, "Do you feel accepted as your true self at work?"	Indicates retention effectiveness and highlights areas for improvement.

Additional Metrics to Consider

- Applicant demographic audit.

Strategy 7: Offer paid family, medical, and sick leave.

Using these metrics helps employers learn more about their workforce's leave needs and identify challenges that may hinder employees' ability to take the leave that they need.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Percentage of **employees allocated** paid family, medical, and sick leave (walk and run)	Human resources records or software	Provides insights into which employees are offered paid leave; segmentation by demographic highlights any trends in groups that are allocated more leave than others.
Analysis of employee feedback on leave days needed vs. taken (start, walk, and run)	Survey or focus group questions such as, "How much leave did you need this year? How much leave did you take? Why did you take leave?"	Identifies employee types whose leave needs are not being met; identifies root cause of needs that can be addressed through non leave strategies (e.g., child care benefits).

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Leave usage (i.e., leave days taken) (start, walk, and run)	Timesheets or human resources software	Highlights leave usage and trends by different employee groups; low leave usage could indicate potential challenges to taking leave (e.g., negative performance ramifications).

Additional Metrics to Consider

- Employees who use their different forms of leave (e.g., Paid Time Off, Volunteering, Preventive Screenings, and so forth).

Strategy 8: Revise evaluation and performance processes to help enable equitable employee evaluation.

Assessing both qualitative feedback from employees on the performance review process and the impact of the process on various groups (e.g., review outcomes, leadership positions) can indicate if the performance process is equitable and rewards equitable behavior.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Participation rate in performance evaluation training, including unconscious bias training (walk and run)	Manual documentation and/or training tool report	Indicates level of exposure to performance evaluation and unconscious bias training.
Sentiment analysis of feedback survey/ focus group on performance evaluation process (start, walk, and run)	Survey/focus group, with questions such as, "Do you think our current performance evaluation process is equitable?"	Indicates if the performance criteria are good measures of equitable behavior.

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Analysis of **performance evaluation outcomes** (i.e., promotions) by demographic (start, walk, and run)	Performance review data	Highlights whether the review process disadvantages certain employee groups and, if so, which groups.

Strategy 9: Train managers in health equity and equip them with resources to implement and sustain health equity strategies.

Using these metrics can help establish a baseline understanding of health equity awareness in the workforce, develop and formalize trainings, and evolve trainings as the organization matures along its health equity journey.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Informal and formal training **attendance** and/or **completion rate** among managers (walk and run metric)	Manual documentation and/or training tool report	Indicates leadership buy-in and interest in training.
Sentiment analysis from feedback survey on formal and informal (e.g., team huddles) training (walk and run metric)	Feedback survey or focus group, with questions such as, "Do you feel that you better understand how your daily responsibilities relate to health equity?"	Indicates training effectiveness and highlights areas for improvement.
Training **scores** of managers (run metric)	Training tool scoring	Estimates health equity comprehension and tracks trends.

Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Awareness of health equity and health equity programs within the organization (start, walk, and run metric)	Survey or focus group questions such as, "Do we understand and invest in the health of our workforce and their families?"	Tracks health equity awareness in the organization before and after formal and informal trainings.

Strategy 10: Implement workplace health and well-being benefits, policies, programs, and systems that have been intentionally designed to promote equitable employee health outcomes through opportunities for all employees to achieve their optimal health and well-being.

Tracking program-specific metrics can help employers understand whether they are investing in effective health and well-being interventions, allowing them to allocate resources, including financial investments, to the most impactful programs.

Process Metrics

METRIC	COLLECTION METHOD	RATIONALE
Employee needs assessment (walk and run metric)	Survey or focus groups, with questions such as, "Is your work commute stressful?	Uncovers health and well-being needs and indicates inequity when segmented by demographic.
Health and well-being program **participation/utilization rates**	Surveys, manual attendance, or online reports	Signals whether employees are aware of program and believe in its value.
Health and well-being program **completion rates** (walk and run metric)	Surveys, attendance records (in-person), or online reports	Demonstrates whether the program's benefits incentivize completion.

Sentiment analysis from feedback survey on programs (walk and run metric)	Feedback survey or focus groups, with questions such as, "Do you feel that your health needs were addressed?"	Indicates program effectiveness, highlights areas for improvement, and points to inequity when segmented by demographic.
Cost analysis of resources spent on health and well-being programs (start, walk, run metric)	Financial reporting	Measures resources (money and number of full-time-equivalent employees) spent in pursuit of health and well-being.

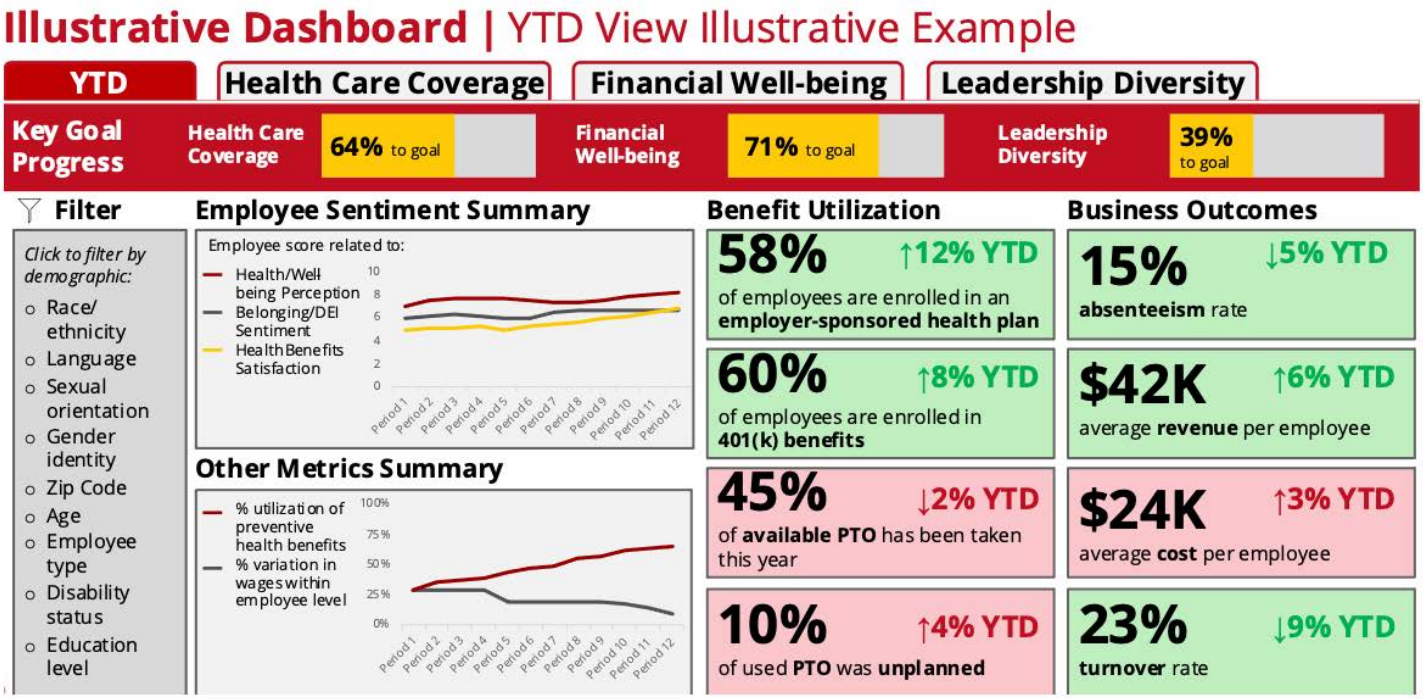
Outcomes Metrics

METRIC	COLLECTION METHOD	RATIONALE
Progress on identified employee needs (start, walk, run metric)	Employee pulse check surveys, proxy (e.g., indirect) data, and/or evaluation tools or scorecard	Measures whether programs are solving identified employee needs and can indicate inequity when segmented by demographic.

Additional Metrics to Consider

- Analysis of needs assessment results;
- Focus group feedback from specific subpopulations; and
- Deidentified claims and resource utilization data.

Appendix C: Illustrative Health Equity Dashboard



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www.heart.org

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