Health Equity Depends on Personalization, Not Just Populations

by **Colin Quinn** | *Included Health* and **Ankoor Shah, M.D.** | *Included Health*

The conversation about diversity, equity and inclusion (DEI) in the workplace is evolving. Organizations are reevaluating their DEI strategies to ensure that they are addressing the most pressing needs of their workforce. As part of this shift, some employers are refining their approach to equity, recognizing that true inclusivity extends beyond race- and gender-based initiatives, to encompass broader workforce well-being and access to resources. This shift underscores the importance of maintaining a focus on equitable access to health care and other essential benefits.

Health equity, however, is distinct from DEI and should be recognized as such. While health equity can overlap with workplace DEI efforts, the two are not synonymous. Unlike DEI, which is often framed around racial and gender inclusion, health equity is about ensuring that every individual—regardless of race, gender, income level, geographic location, military service or caregiving responsibilities—has access to high-quality care. As business leaders reconsider DEI strategies, they are increasingly prioritizing equitable access to quality care, with 74% of employers reporting active engagement in health equity strategy—up from 52% just two years ago.[1]

The rationale is clear. Health disparities—including those linked to income, geography and social circumstances—contribute to rising health care costs, absenteeism and lost productivity.[2] Addressing these disparities through health equity programs may enable employers to reduce long-term health care costs; lower employee health insurance premiums; and create healthier, more productive workforces. Moreover, employers have a fiduciary responsibility to consider health equity in benefits design, since failure to address known disparities may expose them to legal and compliance risks.[3] Many would argue that supporting health equity is both a moral and financial imperative.[4]

For benefits leaders, understanding the connections—and key differences—between DEI and health equity is critical to maintaining progress in health care accessibility and affordability.

AT A GLANCE

- Health equity is about ensuring that every individual—regardless of race, gender, income level, geographic location, military service or caregiving responsibilities—has access to high-quality health care.
- A data-driven health equity assessment that examines employee demographics, identity, social determinants of health (SDOH), geography, accessibility and health needs as well as engagement and utilization trends can help employers build a personalized health equity strategy.
- A robust health equity strategy requires a three-pronged approach: (1) access (increasing the diversity of providers and care settings), (2) answers (helping employees understand benefits and navigate the health care system) and (3) advocacy (support for financial well-being).

Defining Health Equity Broadly

While health and workplace disparities share roots in systemic bias, discrimination and exclusion, health equity encompasses a much broader spectrum of individuals beyond race- and gender-based identities. In addition to addressing the needs of women, people of color and LGBTQ+ individuals, health equity efforts must also support rural populations with limited provider access, low-income workers who may lack paid time off, veterans transitioning to civilian health care, newcomers facing language barriers, and single parents balancing work and caregiving responsibilities.

Historically, many employers have taken a population-first approach, offering benefits tailored to specific demographics or conditions—such as maternity support for new mothers, gender-affirming care for transgender employees or behavioral health care for veterans.[5] While these programs play a critical role in addressing unique health needs, they can sometimes exist in disconnected silos. Without integration into a broader, personalized care framework, employees may struggle to navigate multiple platforms to access necessary care, and HR teams may face administrative challenges in managing multiple vendor relationships.[6] A more comprehensive approach helps these specialized services remain available while being seamlessly connected within a unified care experience.

Consider a veteran who lives in a rural community, works night shifts and is the sole caregiver for their children. Addressing only one of these factors—such as veteran-specific health services—risks missing other critical needs, such as access to 24/7 virtual care, behavioral health services, child-care-friendly scheduling or financial assistance for medical bills. True health equity demands a shift from population-based solutions to personalized, holistic care that meets employees where they are.

A Personalized Approach to Health Equity

Rather than expanding a patchwork of specialized solutions, benefits leaders may want to consider focusing on core benefits and services that provide flexible, scalable and customizable support. A personalized health equity strategy begins with understanding the specific health disparities within a workforce, often through a data-driven health equity assessment.[7] This process should examine the following.

- **Demographics and identity:** HR databases, along with self-reported data, provide insights into employee age, biological sex (for compliance reasons, such as benefits eligibility and reporting), race and ethnicity. Increasingly, health insurers, health care providers and digital health

TABLE

Drivers of Health Disparities

Discrimination and Bias				
Economic Factors	**Education**	**Physical Environment**	**Social Context**	**Health Care System**
Employment Income Expenses Debt	Literacy Language Educational attainment	Geography (e.g., urban or rural) Housing Transportation Healthy food options	Support systems Community resources and institutions Safety/exposure to violence	Health insurance Provider availability Culturally competent care Quality of care
Health Outcomes **Health Status, Health Care Expenditures, Functional Limitations, Mortality, Morbidity, Life Expectancy**				

Source: S. Artiga. "Health Disparities are a Symptom of Broader Social and Economic Inequities," *KFF PolicyWatch,* June 1, 2020.

applications are also capturing data on gender identity, sexual orientation and other social determinants.[8]

- **Geography and accessibility:** Rural employees may struggle with provider shortages, while urban workers may delay care due to inflexible work schedules. Cross-referencing employee ZIP codes with public health data can illuminate geographic barriers to care.
- **Health needs:** Using claims data, employers can estimate the prevalence of diabetes, heart disease, obesity, and other chronic and complex conditions and highlight gaps in preventive care access. Engaging employee resource groups (ERGs) can provide qualitative insights into unmet needs.[9]
- **Engagement and utilization trends:** Digital health platforms and navigation services can segment engagement data by demographic factors, revealing disparities in who is accessing available benefits and who may need additional outreach.

Putting these layers together tends to bring to light glaring disparities in access or outcomes that merit targeted intervention—high rates of chronic conditions among low-income employees, for instance, or lack of access to primary care among rural workers (Figure 1). With personalization in mind, however, the objective is not to itemize every health disparity, but to draw circles around the biggest areas of overlap and opportunity that cut across multiple populations and health needs.

Personalization in Action: Access, Answers and Advocacy

A robust health equity strategy requires a three-pronged approach: (1) access (increasing the diversity of providers and care settings), (2) answers (understanding benefits and navigating the health care system) and (3) advocacy (support for financial well-being).
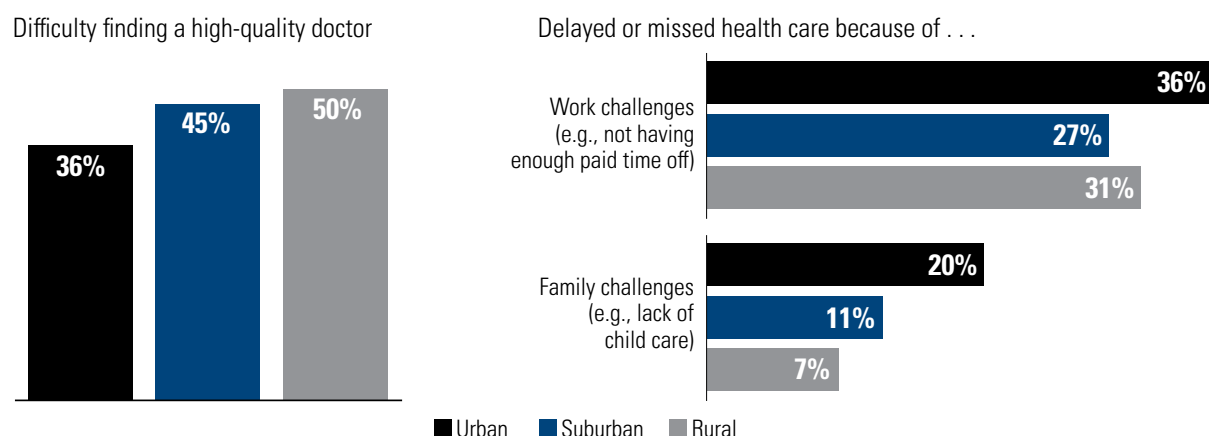
Access

Inequitable access to high-quality care is a major driver of health disparities and a top priority for employers. Access barriers come in many forms, including local and regional provider shortages, difficulty finding culturally competent care and logistical challenges such as a lack of reliable transportation (Figure 1). Virtual care—which employers adopted early on to address these and other access barriers—is a prime example of how a single solution can evolve to support multiple populations and needs.
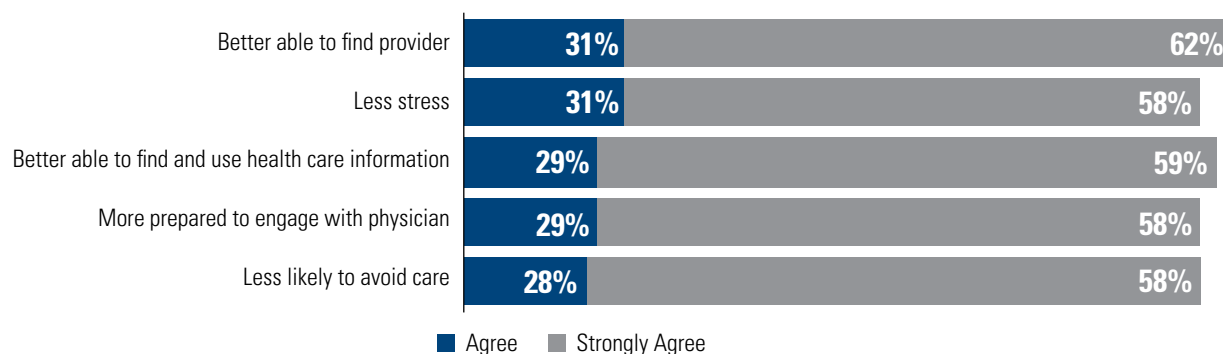
Long before the pandemic made virtual care mainstream, employers embraced telehealth services for rural populations and a variety of health needs (such as mental health

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FIGURE 1

Health Care Access Challenges by Community Type

Difficulty finding a high-quality doctor

Delayed or missed health care because of . . .

■ Urban ■ Suburban ■ Rural

Source: Workforce Vitals: Healthcare Insights From a National Survey of U.S. Employees, Included Health, November 2023.

Impact of Navigation Services on LGBTQ+ Employees

Outcome	Agree	Strongly Agree
Better able to find provider	31%	62%
Less stress	31%	58%
Better able to find and use health care information	29%	59%
More prepared to engage with physician	29%	58%
Less likely to avoid care	28%	58%

■ Agree ■ Strongly Agree

Source: S. K. Choi et al. "Impact of a Virtual Care Navigation Service on Member-Reported Outcomes Among Lesbian, Gay, Bisexual, Transgender, and Queer Populations: Case Study," *JMIR Formative Research*, 2025.

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and urgent care) as a fallback to in-person care.[10] But virtual care has had a broader impact on access than initially imagined. Even as in-person care resumed after the pandemic, virtual care has remained disproportionately relevant among women, people of color and people with chronic conditions.[11] Notably, usage has remained highest in urban areas—including areas with plenty of providers.[12] While people in urban areas report less difficulty finding high-quality doctors compared with their suburban and rural counterparts, they are also more likely to skip or delay health care due to competing work and household demands, such as a lack of child care or an inability to take time off work.[13]

The takeaway here is not just the value of virtual care, but also the importance of providing options that enable employees to access care where and when they need it. While virtual care remains a critical access point, it

should be supplemented by—and connected to—convenient in-person care (which may include on- and near-site workplace clinics), in-home care and other care settings beyond traditional brick-and-mortar locations. With options, individuals can personalize the experience that best fits their needs.

Answers

Improving access to high-quality care is just one piece of the health equity puzzle. Even when people have access to the right experts and a variety of care settings, they still may need support with everything in between their appointments: making sense of their benefits, coordinating care, collecting records and test results, and understanding diagnoses and treatment plans. When they have questions or concerns, people benefit from having a team behind them that can find the answers.
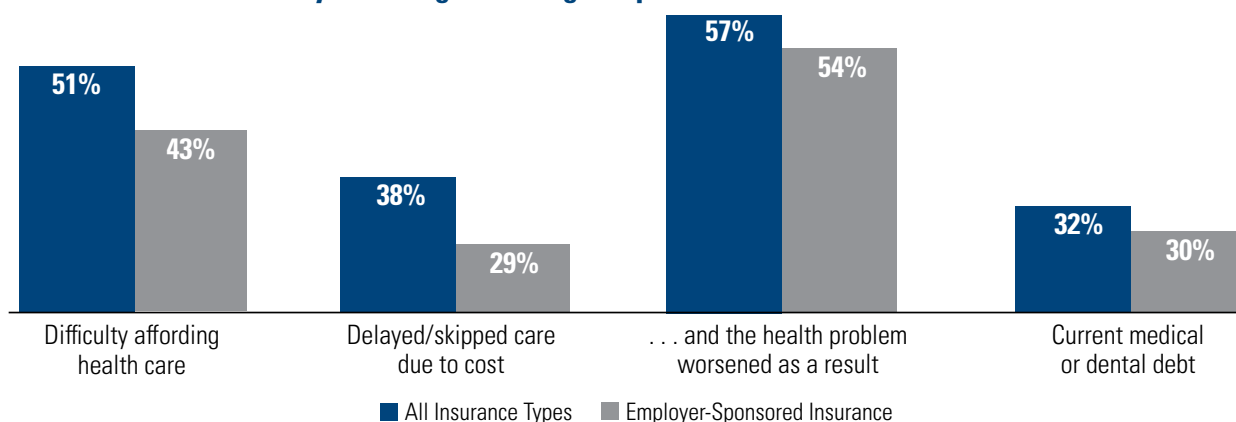
This wraparound support, often categorized as navigation, case man-

agement or care management, has long been a feature of health equity initiatives, and it's especially important for populations that are disproportionately likely to encounter discrimination and bias.[14] LGBTQ+ individuals, for instance, face a distinct mix of challenges accessing and navigating the health care system.[15] Many struggle to find providers with LGBTQ+ health expertise and, compared with the workforce as a whole, LGBTQ+ employees are more likely to delay or skip care due to insurance or administrative challenges.[16]

Personalized, hands-on support—including benefits education and help finding culturally competent providers—removes many of these challenges and has a transformative effect on the health care experience of LGBTQ+ individuals. In a 2025 study, 85% of LGBTQ+ people who used navigation services said it had a positive impact on their ability to understand and use the

FIGURE 3

Health Care Affordability Challenges Among People With Insurance

Source: Commonwealth Fund, 2023.

care they need, and 86% said they were less likely to avoid care as a result (Figure 2).[17]

Importantly, this wraparound support isn't limited to health needs specific to LGBTQ+ employees, such as gender-affirming care. An LGBTQ+ individual may prioritize LGBTQ+ expertise very highly when searching for a primary care physician and not at all when looking for a knee surgeon—but in either case, they benefit from extra guidance and support. Truly personalized services treat people as unique individuals with evolving needs, not as representatives of a broader population.

Advocacy

Financial barriers remain one of the biggest obstacles to health care access. Even employees with insurance struggle with high deductibles, unexpected bills and unclear pricing structures, leading many to delay or forgo necessary care. In fact, a 2023 Commonwealth Fund survey found that 43% of individuals with employer-sponsored insurance reported difficulty affording care, with 29% delaying or skipping care due to cost (Figure 3).

Employers are implementing various solutions to address these financial barriers, such as waiving copays for virtual visits and offering sliding-scale contributions for lower wage employees.[18] However, beyond direct cost reductions, financial guidance and advocacy services can be equally critical.

For instance, factory workers who lack experience with the U.S. health care system may need help navigating insurance claims, negotiating medical bills or finding lower cost treatment options. Veterans transitioning to employer-sponsored coverage may require specialized support to coordinate benefits between private insurance and the Veterans Affairs (VA) system.

Financial issues are just as personal as health issues, and addressing them requires personalized outreach, follow-up and support. This includes help with cost transparency, insurance coverage and claims, negotiating bills, and finding lower cost tests and medications. These and other personalized services—which are increasingly provided through a combination of face-to-face consultations and asynchronous digital interactions—help individuals and families understand and manage their health care costs in the context of their overall social and financial needs.

Closing the Loop: Measuring Impact

Achieving health equity requires continuous assessments, not a one-time initiative. Ongoing data monitoring is essential to identify which benefits have the greatest impact on employee health outcomes and financial well-being. Without a strong feedback loop, underserved populations risk falling through the cracks, leading to worse health outcomes, increased absenteeism, and rising health care costs for both employees and employers.

As health benefits become more personalized, so does measurement. An example could be tracking "healthy days," a validated and self-reported measure developed by the Centers for Disease Control and Prevention (CDC). Every 90 days, via text message, employees could be asked to rate their physical, mental and overall well-being through a simple, four-question survey.[19] The number of self-reported healthy days provides a real-time snapshot of workforce health that supplements claims data and creates opportunities for proactive outreach.

Personalized engagement tools powered by artificial intelligence (AI) and digital health platforms make this level of tracking more feasible than ever before. AI-powered chatbots and digital nudges can dynamically adapt to individual needs, offering tailored recommendations and reminders that keep employees engaged in their health journey. This technology-driven personalization helps close care gaps, improving outcomes across diverse employee populations.

Health equity can positively benefit not just marginalized groups but the entire workforce. When disparities go unaddressed, overall health care costs typically rise, affecting premiums and out-of-pocket expenses for all employees. Employers may want to consider proactively investing in personalized, all-in-one health care in order to create healthier, more engaged employees while keeping long-term costs in check. When employers focus on meeting people where they are, individuals are more likely to receive the right care at the right time—and everyone benefits. BQ

AUTHORS

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