

Humanizing healthcare is good for people and for business

Dr. Cheryl Pegus, Executive Vice President, Health & Wellness, Walmart
Bill Strahan, Executive Vice President, Human Resources, Comcast Cable

Hosts:

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Time	Script
00:01	Emmanuel Acho: As you walk down the street in society, if there's a lack of trust between people that don't look like one another, then, of course, when it comes to healthcare, which is life and death, there will be a lack of trust.
00:12	Dr. Cheryl Pegus : What people really need is fresh food. They really need to get physical activity. They really need someone who can ask them, "Are you okay?"
00:21	Bill Strahan: Digital inclusion itself has frequently been referred to as a super social determinant of health.
00:29	Jimmy Etheredge: We know that healthcare is about helping people. And I like to believe that we would agree that healthcare should be accessible, equitable and affordable for all. Often, we see that a person's experience and health outcomes are determined more by their zip code and racial group than their genetic code. But we're in a unique moment to make a significant course correction and Accenture Health Equity is a central tenant to how we help organizations, communities and governments reimagine healthcare. I'm Jimmy Etheredge, CEO of Accenture North America.
01:07	Emmanuel Acho: And I'm Emmanuel Acho, athlete, broadcaster and best selling author. Now, today, we're joined by two leaders who are passionate about using tech to improve access, experiences and outcomes in healthcare. I cannot be more excited to introduce Dr. Cheryl Pegus, who's the executive vice president of health and wellness at Walmart.
01:58	Emmanuel Acho: Now, Dr. Cheryl has spent her career finding ways to increase access to affordable and equitable healthcare as a cardiologist, corporate leader and as co-founder of A New Beat, an organization dedicated to improving the cardiovascular health and careers of women and under represented minorities. Thanks for being here, Dr. Cheryl Pegus.

Time	Script
01:47	Dr. Cheryl Pegus : Thank you.
01:48	Jimmy Etheredge : And Bill Strahan is head of human resources at Comcast. Comcast has invested in technologies like AI to better map health plans to its employees to analyze copays by gender and race for help equity purposes. Comcast us also invests in health startups through its venture capital arm. It's great to have you with us, Bill.
02:10	Bill Strahan : Thanks very much, Jimmy, glad to be here.
02:13	Emmanuel Acho : Dr. Pegus, health equity is something you focused your entire career on. Can you tell us about health equity and why you've dedicated so much of your focus to that?
02:23	Dr. Cheryl Pegus : Absolutely. First, what I'll do is just define health equity, because I do think, sometimes, we make this to be, oh, this is unique and it's different. It really is just simply the way Robert Wood Johnson defines it, which is, everyone has the opportunity to be as healthy as possible. Not very complicated. And that means everyone. I think some of the statistics that we've shared already is that a lot of people just aren't getting good quality healthcare. That's what we're working towards. We're not working towards, are getting new treatments out? We're saying, for the existing treatments that we have in the US, not everyone has equal access to it. Simply put, for me, as an African American woman, whether I'm in the top 5% of the US or I'm in the bottom 5%, I have a almost 250% higher rate of maternal death. It's not economic, it's not access to insurance. It is simply getting good, equitable, quality care based on the standard guidelines that we use to treat pregnant women. That's not occurring. That's one that we should absolutely be able to fix in this country.
03:45	Jimmy Etheredge : Dr. Pegus, those are some pretty stunning statistics around the disparity on mortality. How can technology bridge some of the gaps that you just described?
03:55	Dr. Cheryl Pegus : Well, I think we sometimes overestimate what technology can do in healthcare versus what technology can do in ensuring that people have access to information and that they understand the best treatments for them. I'll start off by just giving a statistic because it comes up a lot. The vast majority of Americans, 97%, own a cell phone. About 85% own a smartphone. And by the way, that 85% is across all races, all socioeconomic status. What if, from your smartphone, you can, if you determine that you're pregnant, be able to pull up, "Here is where I live, my zip code," what if there's information that says month by month, "Here's the nutrition that you will receive?" What if it also says, "We can provide you with a doula or community health worker to help you access food?" It doesn't always have to be a tech enabled answer with a virtual telehealth visit from a physician. It could be with a nutritionist. It could be with a

Time	Script
	<p>nutritionist. It could be with a community health worker. Once we start looking at that, we then are able to provide care for communities utilizing technology and utilizing the right person at the right level of expertise to do that.</p>
05:24	<p>Emmanuel Acho: Cheryl, on a previous episode, Jimmy and I talked about the digital divide, how some communities don't even necessarily have access to this technology we speak of. Maybe not smart phones or cell phones, but laptops and whatnot. What about situations where we can't rely on technology to serve everyone, some of those harder to reach communities?</p>
05:45	<p>Dr. Cheryl Pegus: Yeah, it's a really great question. I'd say part of the reason I joined Walmart is because of questions like this. Walmart gets visited in their stores weekly about 150 million Americans. We've got about 5,100 stores. Interestingly, 4,000 of those stores are in medically underserved areas. And what does that mean? It means that there are communities that do not have access to primary care physicians and communities that do not have access to many other resources. What they do have as a Walmart and it is the mission of how Walmart was built, to be in these communities where there may not be lots of other services, but how do you aggregate services into one site that's available seven days a week? That's what we're trying to do.</p>
06:35	<p>Dr. Cheryl Pegus: You came to Walmart, you came to a pharmacy, we're able to link you to everything else and technology enables that pharmacist to be able to recruit in other members of the team. That person now has a very cost effective way to get all of their answers met. They're talking to someone from their community, most of our pharmacists, our opticians, our community health workers, they live in these communities, so they understand and frankly, represent the communities that they serve so that there's trust. And now, we're able to bring things to you as opposed to having you go to many different sites to get it. That is achieving health equity. It's helping you access healthcare in a local community in the ways that you can digest.</p>
07:23	<p>Jimmy Etheredge: Bill, Comcast has taken a real interest in health equity as well, despite most people would not think of Comcast as a traditional healthcare provider. I guess, to start with, why is this issue so important to Comcast?</p>
07:38	<p>Bill Strahan: Yeah, sure. And it's true. We are committed to using the power of what we have, which is the platform of our technology, it's our people, our teammates are spread across the country, and just that sheer scale, that reach, we're committed to using all of that to really create a level of positive change and to build equity and access to the healthcare. I work in the human resources side of the business. Long since realized that our US based employee population is really a microcosm of the demographics of the country at large. If it happens in America, at least if it happens in the American workforce, it's happening in our company, and that's both the good and the bad. It's the stress, it's the difficulties, as well as the positives that come into the workplace. In looking at</p>

Time	Script
08:54	<p>this harder, I think we've come to realize that for healthcare to be really equitable, what we do as an employer, and so many folks actually get their healthcare, if not from the government, they get it from an employer and great employers like Walmart, like Comcast and others, you have to really make sure they think that every element of that program works.</p> <p>Bill Strahan: And that's one of the things that we've tried to attack is that it's not just the design, the equitable fashion of how a benefit program might be built, but really how it's taken up and delivered. One of the tenets that we've had is when we think about our benefit programs, for example, we always talk about four pillars. We talk about physical health, which is a little bit of maybe what we're talking about here today and emotional health, which has already come up, but we combine financial health and career health as all four pillars of the same notion of health and wellness with the idea of, I don't get, as a person, or as an employer, for that matter, to separate those things. All of those things are competing for my attention, they're bringing me stress. They hopefully are going to be bringing me joy and comfort and ability and capability. But we have to always think about the whole person, the whole family, the whole kitchen table that we take as a standard, this very basic design principle for how we build out all of our programs and that is that we want to make sure that we are returning our teammates back to the people that they love and who love them at least as healthy across all four of those pillars as they were when that family entrusted them to Comcast.</p>
10:18	<p>Emmanuel Acho: This is incredibly intriguing for me, never hearing those categories before. Do you find it easier to serve the physical health component? Do you find it easiest to serve the financial health component? What are you putting in place to serve all four of those pillars?</p>
10:34	<p>Bill Strahan: Financial, it's sometimes both the easiest because we pay well, we pay fairly, a vast majority of our folks are open to either a bonus or open to commission payments. A lot of times, we talk about income disparity in the country, but wealth disparity is as big an issue, if not a greater one, in terms of the ability of families and communities to sustain themselves. That it is both easy in some regards of what you can do today, it's harder to build that long term wealth building mindset in folks that haven't had it already. We provide great benefits with a lot of great partners, I'd say physical and emotional, I think we are getting better and better at that and we feel pretty darn good about it. And for a long time, we've been a good place to build a career, so I've been comfortable with that one for a while as well.</p>
11:28	<p>Emmanuel Acho: Bill, can you talk about telehealth? I know you all were early adopters in the telehealth space. Can you chime in on that and share all the follow up on what you all are at Walmart are doing after, Bill?</p>

Time	Script
11:42	<p>Bill Strahan: Yeah. You can have a great plan, you can have all the great digital tools for bringing complex information to bear for somebody, but if they just can't get it, now, think about this. The US healthcare system is one of the most complex things that any of us have to deal with. The idea that I'm going learn that system and navigate it just at the moment when I need it, when either I'm sick, maybe a child is sick, a loved one is sick, it's the worst time to try to learn something so vastly complex. Telehealth can not only bring the provider there, but it can bring tutorials, it can bring education. We try to use the power of our storytelling. We have a partnership with independents, Blue Cross, Blue Shield, the Blues organization in the Philadelphia area where we're headquartered and we've co-launched the digital app called Quill.</p>
12:34	<p>Bill Strahan: One of the great things that goes exactly to the 85% of people with smartphones, you can access Quill, access medical information, some storytelling about healthcare right on your phone. But by using the power of our X1 platform, the video platform that we provide television and video services on, provide access to streaming and other are kinds of video aggregation, you can take those same stories, watch them with your family, get the education with your family through Quill in the comfort and the security of someone's home. And then, the last thing I'd say that we've done both with telemedicine, but also digitally supported and human interaction, is to create a navigation system so that people are able to understand the best use of healthcare for them to reduce barriers to actually receiving care. And this is one of the places where folks that have not had a great experience working with institutional America can be very, very intimidated.</p>
13:35	<p>Bill Strahan: Somebody says, listen, "Hey, I'm more comfortable in my small regional hospital here where maybe I know somebody that works else in the hospital, whether they're an actual healthcare provider or not, I'd rather go there than the big teaching hospital up the road. That's just kind of a big, scary place." Well, the fact is is that for a lot of healthcare delivery in the country, if you can get to that better provider who does a procedure, who is an expert in that area of the delivery of medicine, you're actually going to get a better outcome and you're going to have a higher, much higher chance of having a better health experience than sometimes, if you go to the wrong location, wherever that might be. By making sure that we help people reduce barriers to care, especially if they're going to be intimidated by institutions, we can actually leapfrog people from the community that they may live in directly and get them access to much better, get them to the front of the line for much better healthcare that the country or the broader region has to provide.</p>
14:41	<p>Emmanuel Acho: Cheryl, did you want to follow up?</p>
14:43	<p>Dr. Cheryl Pegus: Yeah. I think of how we all access healthcare and I think, from early medicine through the last couple of decades to where we are today, we've almost come full circle. Many people will say, when they get healthcare at their</p>

Time	Script
15:24	<p>home, it's the best healthcare that they've received because it allows them to show someone how they live. Easy to go to a doctor's office and say you have asthma and you get prescribed treatment when the real issue is at home, you have carpet that's coming up and no one knows that that's your trigger.</p> <p>Dr. Cheryl Pegus: When someone gets to see you in your living environment, they get to understand your personal healthcare needs for how you live every day and it does decrease the stress of having had to take the day off to go to the doctor's office. It allows you to not only include yourself, particularly if it's someone who's a bit older or someone younger. It becomes where you're really getting insights into what a family may need.</p>
15:52	<p>Dr. Cheryl Pegus: Telehealth is not just a, "Hey, you didn't have to go to the doctor because there aren't lots of primary care physicians where you live." It is a different view into the needs of someone. We say, in healthcare, that 100% of healthcare includes different components. 40% of that is social determinants of health. Things like food, things like being able to have a safe environment to exercise. 30% of your wellbeing is just personal behaviors. That is, do you have a chronic condition, be it diabetes or high blood pressure? Do you understand what to do when you not in the doctor's office where you may only be there 15 minutes twice a year? How do you manage your own personal behaviors? We talked a little bit about financial health. Really, really important. If your clinician or pharmacist isn't asking you if you can afford your medicines, do we have other options at lower price points, we've missed a boat. We will not improve your health.</p>
16:59	<p>Dr. Cheryl Pegus: Telehealth allows those components to come in a lot more. Really important data points and we know they're much more significant to improving someone's health. We have 1.5 million associates in the US who work at Walmart. We're not only making sure they have all of the tools to learn about healthcare, but frankly, we're listening to them. And when they say, "We know we should educate about COVID-19 vaccines here, but you actually need the preacher to do it, not someone from the healthcare profession," we listen and we adapt. And it's how we've rolled out our healthcare services across the country. Was it delivered? And did your audience, the people you wanted to use it, are they now feeling empowered and they feel trust in doing it?</p>
17:48	<p>Jimmy Etheredge: Really some great examples from both Bill and Dr. Pegus about the impact that technology can have in the space. One example that's really stuck with me is around infant mortality, obviously, a very urgent public health issue. And this challenge has been especially dire in the state of Ohio, which I didn't know this until we got into doing this work, the state of Ohio has one of the highest infant mortality rates in the United States. In 2017, 7 out of a thousand babies died before their first birthday. And to address that, Accenture partnered with the state of Ohio and our data scientists used some machine</p>

Time	Script
	<p>learning techniques to look at very large data sets to develop a prioritized list of high risk mothers, and then developed the most effective, really human centered interventions to help these Ohio babies be able to live and thrive. And I think these are just good examples, whether it's accessibility, whether it's the experience or the use of data, new things that we can do to help address the challenge that we have around health equity.</p>
19:02	<p>Jimmy Etheredge: Bill, if the healthcare industry looks to technology further to enable equity, it feels like we could dig in a little bit on the accessibility target, is that a barrier to achieving this equity vision and what do you think we can do about that?</p>
19:17	<p>Bill Strahan: Yeah, you've gone right to the heart of the issue there, Jimmy. Cheryl talked a little bit about the big social determinants. Digital inclusion itself has frequently been referred to as a super social determinant of health, whether it is telemedicine or whether it's an information source or really anything, only works to the extent that I am first digitally literate, that I know how to use the tools, but also then, that I've got safe access to get, when I say safe here, that I know how to protect my healthcare data, I know how to protect my financial data. It's really that entire ecosystem, bringing it into the home, sometimes having a little bit better device to work because I want support in the home. I want my spouse, I want my child, perhaps, to help me understand what a healthcare provider is telling me. That's incredibly important.</p>
20:15	<p>Bill Strahan: We've been working at trying to want to make sure that foundation for access to healthcare, but also things like education, employment, the rest at the macro level is there. We've expanded our network well over 30% during the pandemic years, of network enhancements brought forward to make sure that the reliability and security is there, but also at the micro level, by bringing really strong digital capabilities to people that haven't had that access in the past. In fact, over the last 10 years, we've connected more than 10 million low income Americans to the internet and we've really improved the digital literacy skills for them and actually, millions more through the delivery of devices, training programs, making sure that the software that is on their devices is keeping them secure and keeping their healthcare data, some of the most sought after data by criminals, is healthcare data, so we're making sure that that's secure as they go and use these wonderful tools.</p>
21:15	<p>Bill Strahan: Last year, the whole culmination of what we've seen over the last few years, especially with COVID, Comcast launched Project UP, a billion dollar commitment to reach 50 million people. It really encompasses and brings together all of our programs, community partnerships, that connect people to the internet, advanced economic mobility through helping small businesses, especially Black and other minority owned businesses, and it opens doors for next generation of innovators, entrepreneurs, storytellers, creators, with both individual and collective investment. The whole concept works great, but it</p>

Time	Script
22:09	<p>starts with, can I actually get a secure signal when and where I need it in a way that I can afford and a way I can get the resources at the point of consumption that I need in order to have the right kind of conversation and service experience with a healthcare provider?</p> <p>Emmanuel Acho: Now, Jimmy, we know the cost to individuals who don't receive adequate healthcare, but let's talk specifically, from a business perspective, what do we gain by achieving greater health equity?</p> <p>Jimmy Etheredge: I think the recognition that you want your employees to be productive, and that means being their authentic selves at work, and that means being healthy and able to be there at work. I think this focus on humanizing healthcare is very good for business. I think that the customers of businesses want to know that these organizations care, that they're trying to address some of these issues and I think the more that we see care for these individuals, and particularly now, starting to focus more on these previously underserved communities and populations, it builds trust in the brand, it builds pride and connection and engagement with the employees and all those are really good things for any business organization.</p>
23:09	<p>Emmanuel Acho: Bill, I have to go to you. Why is health equity good business?</p>
23:13	<p>Bill Strahan: Yeah, it is good business both from an employee perspective and a customer perspective. I've said it for many years and it's been my experience that you could pay people a lot of money and everybody could use a bigger paycheck, kind of no kidding, but the fact is that when you develop interventions, whether it's physical or emotional health programs, you are there at some of the most poignant days of a family's year. Some of them are wonderful and some of them are the ones you want to avoid at all costs. But when you show up and you show up big, the emotional connection that you have is enormous. You can pay people a lot of money, but at the end of the day, it doesn't build that emotional connection. What I'm looking for is an employer is at that kitchen table, I want a Comcast employee's mother and father-in-law, I want their spouse to say, "Do not lose that job at Comcast. Those benefits are the best we've ever seen." When that child is sick, I want the presence of a company in the room through our benefit programs in a way that compensation could never do it.</p>
24:26	<p>Bill Strahan: In the country, we love to talk about first generation college education. We talk about it all the time. We've got people that are first generation bank account holders. People that have been working off of money orders or worse, are going to predatory lenders. By thinking about all of the elements that lead up to Cheryl's wonderful question, can you afford your prescription? Do you know how to manage in a middle class life? You've done something where your job has gotten to the point where you've got great</p>

Time	Script
	<p>healthcare in the design, but it's the execution that comes through knowing how to use all the elements of middle class life that if that was not part of your upbringing, we need to help do that as well. And when we do that for our customers, our employees, we build stick-to-it-iveness for a great labor force that's going to be with us a long time. We also then build strength in a home for customers, and they're going to use our products for a long time and they're going to to the economy as a whole, in addition to having a better life for it. So it's really good business because it builds sustainability across all of your constituencies.</p>
25:37	<p>Jimmy Etheredge: Cheryl, what do you see as being some of the steps that we can take to achieve greater health equity?</p>
25:44	<p>Dr. Cheryl Pegus: We talked a little bit, just ensuring that in the community, that first touch point, people have a place to go that's accessible and if we think that many of these communities that are underserved also are at the lower end of the economic spectrum, we've got to make sure that we're putting in resources for them that are affordable. Again, that's our mission at Walmart and really focusing not just on inner city underserved, but rural communities as well, so really trying to be that bridge to help people get access. That's number one.</p>
26:25	<p>Dr. Cheryl Pegus: I do think ensuring that we remember what people need for health and as a physician, I think I've said this, but I don't mind saying it, we are the last thing that someone should need. What people really need is fresh food. They really need to get physical activity. They really need someone who can ask them, "Are you okay?", and ensure that people's mental health and the things that they're striving for are getting answered. And you need humanistic contact to do that. Technology, frankly, enables the people who can provide those services to maybe reach larger populations and that's a really important piece of how we utilize technology that I think we sometimes underestimate. A good technology tool, bringing in the right data in a zip code area of, these are all of the people who come in and utilize your services, but here is the percentage of them who purchased fresh food. We then moved on to immunizations and ensured that everyone across this country would receive the right pediatric immunizations, the right adult immunizations. About 20 to 30% of hospitalizations are related for people with chronic conditions, to not getting, sometimes, just the flu vaccine. It's a really, really big deal.</p>
27:48	<p>Dr. Cheryl Pegus: And lastly, can't leave this one out, it's making sure that people can afford their medicines because we do prescribe lots of medicines to people. I think that work that physicians and pharmacists need to continue to do needs to be elevated that when you finish your training, you remember to ask people, "Can you afford the meds? What can you afford?" And we help you do that because without that, it's not that you're not seeking healthcare, it's that the tools of the fresh food, the immunizations, the pills, no one's told you how</p>

Time	Script
	to get that for yourself and your family and good care means that you got that as part of your treatment and your care regimen as well.
28:40	Emmanuel Acho: Well, Jimmy, that was an incredible conversation. I learned a lot and love what both Walmart and Comcast are doing on so many fronts. What was the most eye-opening part of what you heard today?
28:52	Jimmy Etheredge: Dr. Pegus talking about the important things that you need to do that prevent healthcare issues. Having access to the right foods to eat, the behaviors ... I feel like I've been thinking about, looking at problem a bit more through the, when there's a healthcare issue, how do you best address it and as a technology guy, how can technology help with that? But what really struck me was how data and preventative steps can help.
29:21	Jimmy Etheredge: I think the second thing that really stuck with me is my feeling as well, kind of coming out of the pandemic, anything that's hard on people in general is going to be worse for the underserved populations, the vulnerable populations. We've seen that with the evidence that women have been more affected by the pandemic, physical issues, mental health issues, the same with people of color in terms of vulnerable communities and just the importance this topic of healthcare equity is, it's a human right to have access to healthcare and how we make sure that that happens. How about you?
29:56	Emmanuel Acho: Yeah. One, I love how you ended that. It's a human right to make sure everyone has access to healthcare. For me, I think the most eye-opening part that stuck with me is when Cheryl talked about communities taking care of communities. When she was talking about how the people that live within the community are providing the access to those that walk and navigate and shop within the community because I think, Jimmy, so much of the disconnect in healthcare stems from a lack of understanding. Dr. Pegus brought up the statistic, it doesn't matter if you're in the top 5% of the bottom 5% of Black people in the country, there is a 250% increase in mortality rate for Black women. And my sister, she works in the prenatal unit at a major hospital in Dallas, it comes from a lack of understanding, a lack of relational understanding, a lack of cultural understanding, a lack of pain tolerance understanding. That really just stuck to me was, communities serving communities and I think we just have to do a better job of understanding and navigating different communities.
31:02	Jimmy Etheredge: Great point. And I think linked right in there with understanding is trust. What's your perspective on the trust issue and how we're able to improve the trust with people in these communities?
31:14	Emmanuel Acho: I think the trust issue in health is a microcosm of a trust issue in society and that's a whole nother conversation, but I think if, as you walk

Time	Script
31:56	<p>down the street in society, if there's a lack of trust between people that don't look like one another, then, of course, when it comes to healthcare, which is life and death, there will be a lack of trust. If you don't trust that someone's going to wait for you at a crosswalk so you can cross the street, you definitely aren't going to trust that someone is going to properly administer anesthesia. And you see the same with our lack of trust in our government and our policies and our police system, so I don't think it's any different in healthcare as it is in society, and healthcare is just life or death.</p> <p>Jimmy Etheredge: Great points. A lot to unpack. I can't wait to go back and re-listen to this. It's really interesting hearing the perspectives that Cheryl and Bill provided.</p>
32:06	<p>Emmanuel Acho: I cannot wait for that as well. Well, you all can find this special episode of our Change Conversations Podcast wherever you get your podcasts. From Jimmy Etheredge, I'm Emmanuel Acho and we will talk to you next time.</p> <p><i>Credits</i></p> <p><i>Thanks for listening to Change Conversations with Jimmy Etheredge and Emmanuel Acho.</i></p> <p><i>This podcast is supported by Accenture, and produced by Laura Regehr and Alexis Green at Antica Productions.</i></p> <p><i>Stuart Coxe is Executive Producer. Nina Beveridge is Head of Production.</i></p> <p><i>Mixing and Sound Design by Reza Dahya.</i></p> <p><i>Join us for our next conversation. Let's make equality for all a movement, not a moment.</i></p>