Addressing the healthcare needs of underserved communities

COVID-19 has revealed the need to address health equity now

Steve Rusckowski is chairman, chief executive officer and president of Quest Diagnostics. In 2020 the company launched Quest for Health Equity (Q4HE), an over $100 million initiative focused on addressing inequities in health care that affect underserved populations across the U.S. Quest serves half of the hospitals and one-third of the U.S. population annually. The company provides results for nearly two million tests daily, ranging from routine testing to breakthrough genetic testing.

What prompted Quest to make such a significant commitment to addressing inequities in health care?

SR: We have all seen how the pandemic has revealed the distressing impact of COVID-19 on underserved communities. Given our vision to empower better health with diagnostic insights, we were compelled to act. We established Quest for Health Equity to address inequities in health care and support individuals in underserved communities with access to testing, focused health care services and actions to improve long-term well-being. While providing COVID-19 testing and supporting access to vaccines were major drivers in our initial efforts, we created Q4HE to address systemic disparities in health care over the long-term.

What are the goals of this initiative?

SR: While we have a history of doing good in the communities we serve, we’ve never done anything on the scale of Q4HE. COVID-19 is where we started, but our focus is much broader. Ultimately, the goal of Q4HE is for Quest to utilize our core competencies, together with powerful collaborations, to address health disparities.

When it comes to creating greater equity in health care, what elements are necessary for a successful initiative?

SR: First, we needed to rally our troops and create a fully dedicated team to drive Q4HE. So, we hand-selected seven of our talented colleagues to become a dedicated Q4HE team. We also want to embed this initiative into our culture to inspire our 50,000 employees to learn about it and ask, “How do I get involved?”

Secondly, we needed to pick the right partners. We’ve been fortunate in building collaborations with groups like Choose Healthy Life, an organization first founded to address the impact of the AIDS crisis on Black communities, and whose model we adapted to address COVID-19. In addition, we have worked with the United Way of New York City, leading Black clergy, the American Heart Association, federally qualified health centers around the country and many smaller innovators addressing social determinants of health. These partnerships have proven essential for our learning and engagement to support under-represented individuals through direct service, and ultimately areas where we can help create systems change.

Beyond Quest for Health Equity, what changes do you think are needed to create lasting, systemic change that will create better health outcomes for all?

SR: If the pandemic has proven anything, it’s that health care – and addressing health equity – is a team sport.

In January, we participated in a conclave of 50 Black clergy members. Doctors Fauci and Nunez-Smith, who leads President Biden’s Health Equity Task Force, and Deborah Fraser-Howze, founder of Choose Healthy Life, were among many other prominent health care leaders.

When I saw the dedication and talent these leaders were bringing to the table, I knew that we were on the right track, and that this would require collaboration, listening and learning, and an ongoing commitment to help drive change.

Addressing these challenges – from providing access to COVID-19 testing and vaccines, to helping underserved children gain access to nutritious food, to helping address the impacts of heart disease on communities of color, to creating pathways for future health care leaders from diverse populations to pursue their educations – is going to take a coordinated and well-resourced commitment from government agencies, corporations like Quest, nonprofits, academia, trusted institutions like the church, and more.

We’ve got a lot of work to do, and we are actively pursuing organizations that share our commitment to making a lasting difference in the health and the lives of people from underserved communities.

Is there a business imperative for addressing these inequities in health care?

SR: I’ve always believed that companies that do well have an opportunity to do good. Today I believe we have an obligation to do good. Through Q4HE, we’re focused on doing our part to help meet this challenge.

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