

# Closing Healthcare's *Trust Gap*

Insights for inclusive healthcare from  
the *A Million Conversations* initiative



**sanofi**

a *million*  
conversations

*Pictured on the front page are Angela, Shahir, Ama and Jonathan from Sanofi, and Sanofi NextGen Scholar Arrener*



# Guest Foreword by *UNESCO*

Research shows that despite decades of commitments to equity, women and other historically under-supported groups remain underrepresented in clinical trials, with even laboratory studies often defaulting to male subjects.

A study from the National Institutes of Health in the United States of America highlights that women remain underrepresented in clinical research, with fewer than 10% of recent cardiovascular drug trials reporting sex-disaggregated data on effects and adverse reactions - despite evidence that women are more likely than men to experience adverse reactions to these drugs.

The consequences of this systemic oversight manifest in every aspect of healthcare - from delayed diagnoses to inadequate treatment options. This raises a troubling question: If disparities persist even where access exists, what happens to those whose access to quality healthcare is already precarious?

Data in this report from Sanofi reveals that the intersection of under-supported identities further exacerbates these inequities: 82% of people who are both ethnic minorities and disabled report trust-damaging healthcare experiences, compared to 47% of those who are neither.

Healthcare should be a universal right, not a privilege dictated by gender, race, disability, or identity. Yet, as this report reveals, systemic inequities continue to undermine the trust of under-supported communities in healthcare systems worldwide.

The erosion of trust is not just an individual concern - it has profound implications for public health, widening existing disparities and reinforcing cycles of exclusion. Closing these gaps requires more than awareness - it demands concrete action.

This report presents evidence-based recommendations to address these issues, from embedding gender-responsive approaches in medical training to

ensuring research reflects the full diversity of human experiences.

At UNESCO, we recognize that trust in healthcare is not just a medical concern; it is a fundamental pillar of social cohesion. For example, our Fit for Life initiative uses the medium of sport to promote inclusive policies that enhance wellbeing and resilience.

Equitable healthcare is not simply about treatment - it is about creating systems that respond to the diverse needs of all individuals. Addressing these disparities requires collaboration across governments, medical institutions, and civil society. The work ahead is not just about improving healthcare; it is about reaffirming the dignity and rights of every individual. This publication provides a roadmap for this transformation - one that calls for accountability, representation, and systemic change, and this is what UNESCO's mission is about.



**Lidia Arthur Brito**  
UNESCO Assistant Director-General for  
Social and Human Sciences *a.i.*

# Foreword

Welcome to our first Closing Healthcare's Trust Gap report, where we share insights from the first two years of our global initiative *A Million Conversations*, and how together we can take steps to create a more inclusive healthcare system.

In 2022, we took our first steps to understand perceptions of healthcare among people from historically under-supported communities, whether they are women, ethnic minorities, disabled people or those from the LGBTQ+ community.

We carried out extensive polling with people in five countries (Brazil, Japan, France, US and UK). The results were stark, showing that people from historically under-supported groups were significantly more likely to report negative healthcare experiences, leading to low levels of trust. We have since extended our research to new countries (Australia, Canada, Germany, Mexico, Spain). What we've unfortunately found is that inequity exists wherever we look. Yet there are pockets of hope.

*We're determined to build a world where everyone can get the healthcare they need regardless of their gender, ethnicity, disability status or sexual orientation.*

We launched our global initiative *A Million Conversations* in January 2023 at the World Economic Forum in Davos. This set out to get people talking. To give a voice to people who too often feel unheard. To spark ideas. And above all, to co-build actions that will improve the situation. We've been listening, learning, and sharing our findings ever since. In this report we share insights from our research and the valuable conversations we've had.

We're determined to build a world where everyone can get the healthcare they need regardless of

their gender, ethnicity, disability status or sexual orientation. Together with business, governments, and policymakers, we believe it's not just possible. It's eminently achievable. Please consider this an invitation to join us in our mission to rebuild trust and eradicate healthcare disparities.



**Raj Verma**

Chief Culture, Diversity and Employee Experience Officer, Sanofi





*"We are in the decade of radical collaboration. The problems that we face are so vast that we need to have collaboration. Multi-stakeholder, multi-community, multi-organisations.*

*"It is a really strong initiative because it's actually holding something very dear in all of us - the trust that we have to put our lives in the hands of people. Are we heard? Not just listened to, are we really heard?"*

**Caroline Casey,**  
Founder of the Valuable 500 and  
Sanofi DEI Board Member

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Anna Ramalho  
Brazil

# Executive *summary*



Our *A Million Conversations* research has now reached more than 35,000 people across 10 countries, making it the largest international study of historically under-supported groups' experiences of trust in healthcare.

Across our respondents, it was evident that trust has been eroded to such a degree among certain groups that they now lack confidence in healthcare providers.

Historically under-supported people are less likely than others to feel confident about being treated fairly in many healthcare situations. And the situation is even

more troubling among people who belong to more than one of these groups. The cumulative effect of these negative experiences impacts how these groups interact with healthcare providers or seek treatment. Distrust in healthcare can mean you don't go for treatment when you desperately need it. Or delaying decisions until it's too late.

## *Bridging the gap*

So how can we begin to close this trust gap? As a priority, healthcare professionals must provide high quality care that is appropriate and supportive for everyone. Treating patients fairly, being dependable, and greater transparency are key. Beyond these, this report advocates six areas to help build more inclusive healthcare:

- 1 Healthcare providers need support, education and training to help build understanding, representation, and trust among under-supported communities
- 2 National health research and data on health outcomes must represent the diversity of their populations
- 3 Equitable policy decisions informed by diverse patient perspectives must be enacted for the long-term, at national levels and backed with sufficient funding
- 4 Support holistic, person-centered care by giving healthcare providers time and resources to understand individual patient needs and barriers
- 5 Improve health literacy and accessible communication so patients can make informed choices and discuss concerns openly with healthcare professionals
- 6 Make it easier for all people, regardless of their background, to start their career in the healthcare sector

While a significant impact can be achieved in the near to medium term, long-lasting transformation means a commitment to systemic change. We invite collaborators and healthcare decision makers to help us make this a reality.

# Why we must build *trust in healthcare*

At a core level, perceptions of healthcare are individual, shaped by numerous factors including personal beliefs, individual experiences, and the influence of others such as friends and family.

What we know is that trust is the foundation of relationships between people and healthcare professionals. Willingness to take advice from your doctor requires you to believe what they say. Agreement to take prescribed medication or vaccinations relies on your trust in who prescribes or administers them. In general, trust in healthcare may also rise or fall due to overall views of accountability and honesty among the government or public sector, and policy decisions taken nationally.

The Health Policy Partnerships' report *Earning Trust: A Foundation for Healthcare Equity*, published in June 2024 with support from Sanofi, explores the link between trust and healthcare equity in depth. The report delves into the policy principles which need to be implemented to build trust between under-supported groups and health systems. We share highlights below, but we encourage you to read the full report.

Due to the barriers that often occur within healthcare – such as access to providers, a lack of inclusive information, or practices which discriminate or disadvantage people from under-supported groups – it's often the case that inequities are compounded rather than eliminated.

Without improving healthcare equity, we risk exacerbating disparities in health outcomes. But by rebuilding trust among people from traditionally under-supported groups, we can increase the likelihood of their engagement in preventative care, early intervention, and more favorable outcomes.

This is why we must create a more inclusive healthcare sector. Doing so will require systemic change, with involvement and accountability from policymakers, businesses, and healthcare providers.

There are numerous research papers which highlight examples of inequities in healthcare settings.

- 1 In the UK, Black women are up to six times more likely to experience some of the most serious birth complications during hospital delivery across England than their White counterparts.<sup>1</sup>
- 2 In Brazil, in 2019, the average death rate in public hospitals among Black people was more than double the comparable national average.<sup>2</sup>
- 3 In the US, in 2022, people with disabilities were almost ten times more likely than those without to live with multiple chronic conditions.<sup>3</sup>
- 4 In Spain, research between 2008 to 2019 found that women with chest pain were misdiagnosed more frequently than men and were also more likely to wait over 12 hours before seeking medical help.<sup>4</sup>

Statistics like these provide a sobering backdrop and a significant motivation to act. We're determined to make a difference and invite others to join us.

# The Trust Gap

Have you ever had an experience which damaged your trust in your healthcare provider?



Trust is the bedrock of any relationship. It's built over the long term, often as a result of countless small but consistent actions. Yet trust can be damaged, or even lost, very quickly.

The conversations we've had with undersupported communities indicate significant challenges. Their trust in healthcare has been eroded by the experiences they've faced, often when they have felt at their most vulnerable. Discrimination, feeling judged or simply not being listened to have resulted in higher distrust among these communities than others. We call this disparity the 'trust gap'.

Closing the trust gap is of the utmost importance. Without trust in healthcare providers, patients are at greater risk of poor health outcomes, which could have impacts for generations to come.

So how can healthcare systems earn that all-important trust back? We believe it starts with dialogue.

We've now polled more than 35,000 people across 10 countries to understand their experiences in healthcare, with sample sizes large enough to explore with confidence the experiences of historically undersupported groups. We have also held many in-person dialogue events, allowing people to openly share their experiences directly with healthcare professionals, and for solutions to be explored.

Although these conversations have often unearthed concerning stories of inequity, we have also been heartened at the willingness of participants to openly explore opportunities for change.

Read on to find out more about our work to close the trust gap and our vision for change.

<sup>1</sup> Thomas, T., 2024. Black women in England suffer more serious birth complications, analysis finds. *Health and Inequalities Correspondent*.

<sup>2</sup> Barbosa IR, Aiquoc KM, Souza TAd. 2021. Raça e saúde. Múltiplos olhares sobre a saúde da população negra no Brasil [Race and health. Multiple glances at the health of black population in Brazil]. Natal: Editora da UFRN

<sup>3</sup> United Health Foundation and American Public Health Association. 2023. *The America's Health Rankings® 2023 Annual Report*. Minnesota: United Health Foundation

<sup>4</sup> "Martinez-Nadal, G., et al. (2021). An analysis based on sex & gender in the chest pain unit of an emergency department during the last 12 years. *European Heart Journal: Acute Cardiovascular Care*,"

<sup>5</sup> Chart refers to a nationally representative survey carried out in 2024 in five countries (Brazil, France, Japan, UK, US). Chart shows marginalized groups (women, ethnic minorities, disabled people, LGBTQ+) compared to non-marginalized groups (individuals who do not fall into these groups). Marginalized sample size equals 8,598. Non-marginalized sample size equals 2,891.





# Insights from our *global polling*

The *A Million Conversations* initiative began collecting data on healthcare experiences in 2022, surveying over 11,500 people across Brazil, France, Japan, the UK, and the US. In 2023, the scope of the survey expanded to include 12,600 participants from Australia, Canada, Germany, Mexico, and Spain.

We have again returned to the original five countries to understand whether the picture has changed. Despite some movements in the experiences reported by different groups across Brazil, France, Japan, UK and the US, the trust gap is still as wide as it was in 2022. In some cases, it has widened.

This combined population of more than 35,000 people from ten countries is the largest study of its kind and

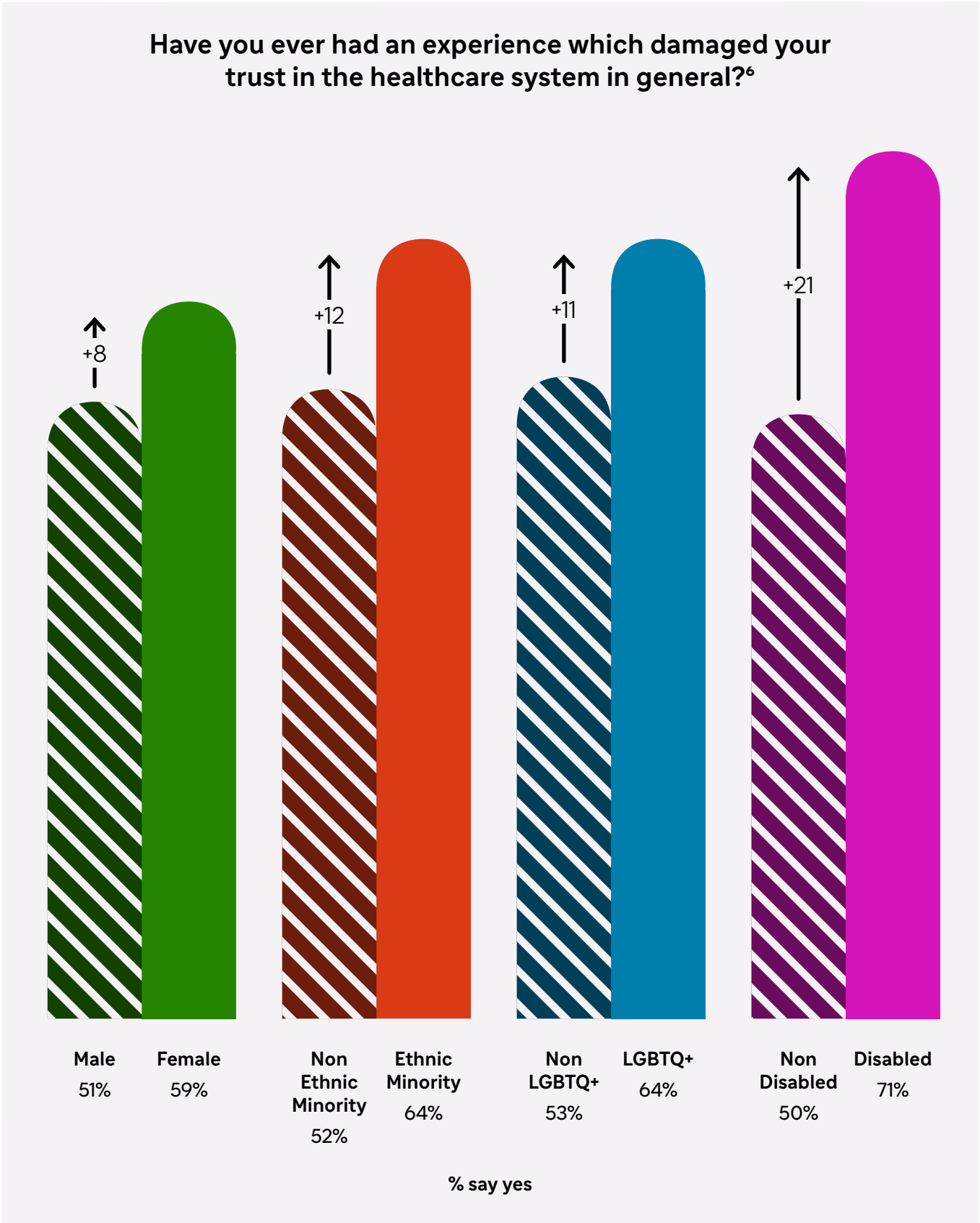
provides a unique perspective on the perceptions of healthcare among under-supported groups. It's a clear indicator of how trust is eroded by poor interactions with healthcare providers, which these groups experience more than others.

This report broadly focuses on our latest 2024 polling<sup>6</sup>, with our previous reports available for exploration online.

<sup>6</sup> All data and charts included within this report refer to a nationally representative survey carried out in 2024 in five countries. Nationally representative survey in terms of age, gender, and region in five countries. 11,489 adults interviewed during 2024 in the United Kingdom (UK) (n=2,310), United States (US) (n=2,175), Japan (n=2,533), France (n=2,217), and Brazil (n=2,254). The main focus of this research was to understand perceptions of trust in healthcare amongst the general public and specific subgroups of the population: women (n=5,520), those aged 65+ (n=2,427), minority ethnic groups (n=2,602), the disabled (n=2,712), and the LGBTQ+ community (n=1,830).

# Historically under-supported groups lack confidence in healthcare providers

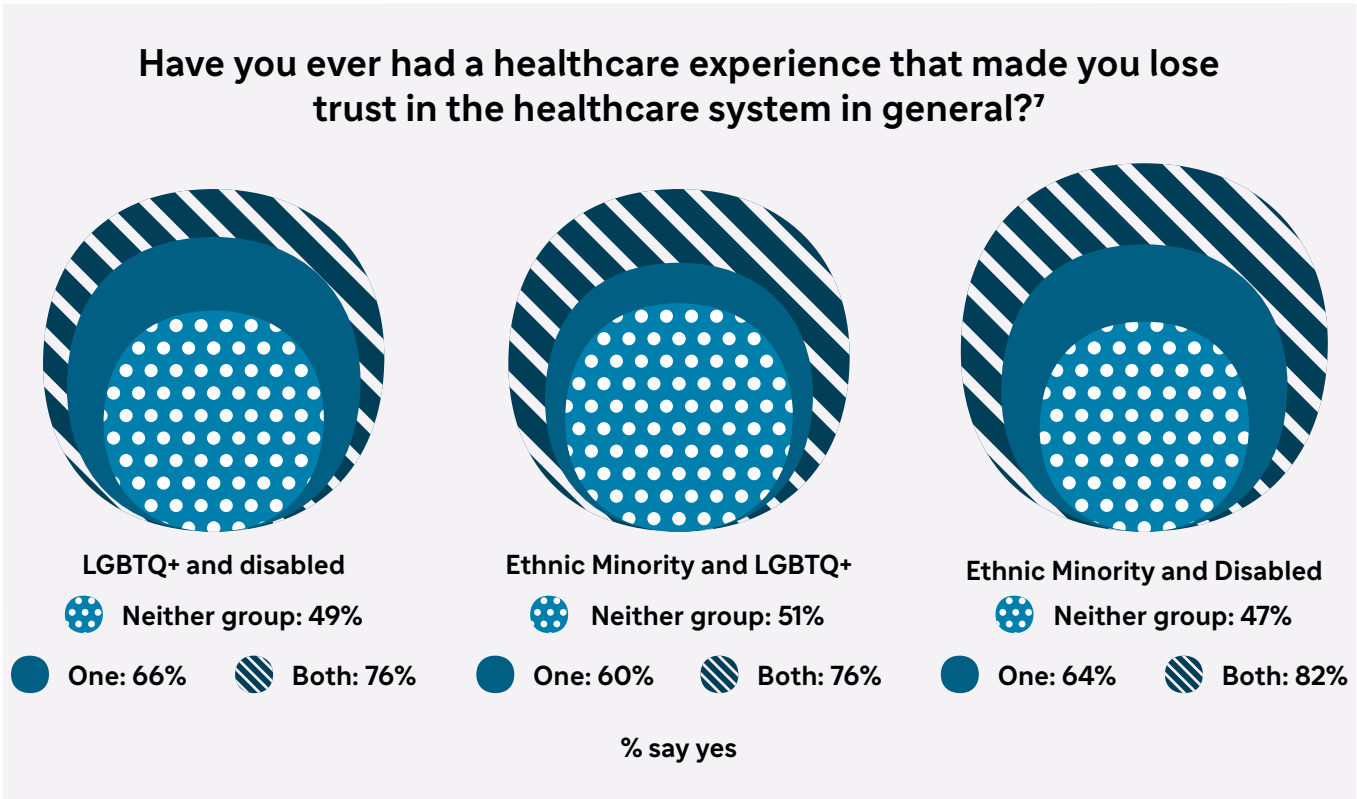
The majority of those from these groups said they had suffered a negative experience which damaged their trust.




# Intersectionality increases likelihood of damaged trust

The figures above are stark, but they're even more troubling for individuals from intersectional backgrounds - that is, those who belong to more than one historically under-supported group.

For example, 82% of people who are both ethnic minority and disabled have suffered a trust-damaging healthcare experience, compared to 47% from neither background. That is a shocking 35-point gap. The trust gaps are equally vast for other intersectional identities.



Behind each of these statistics are the stories of real people facing often harrowing experiences. People like Angela, who shared her story with us:



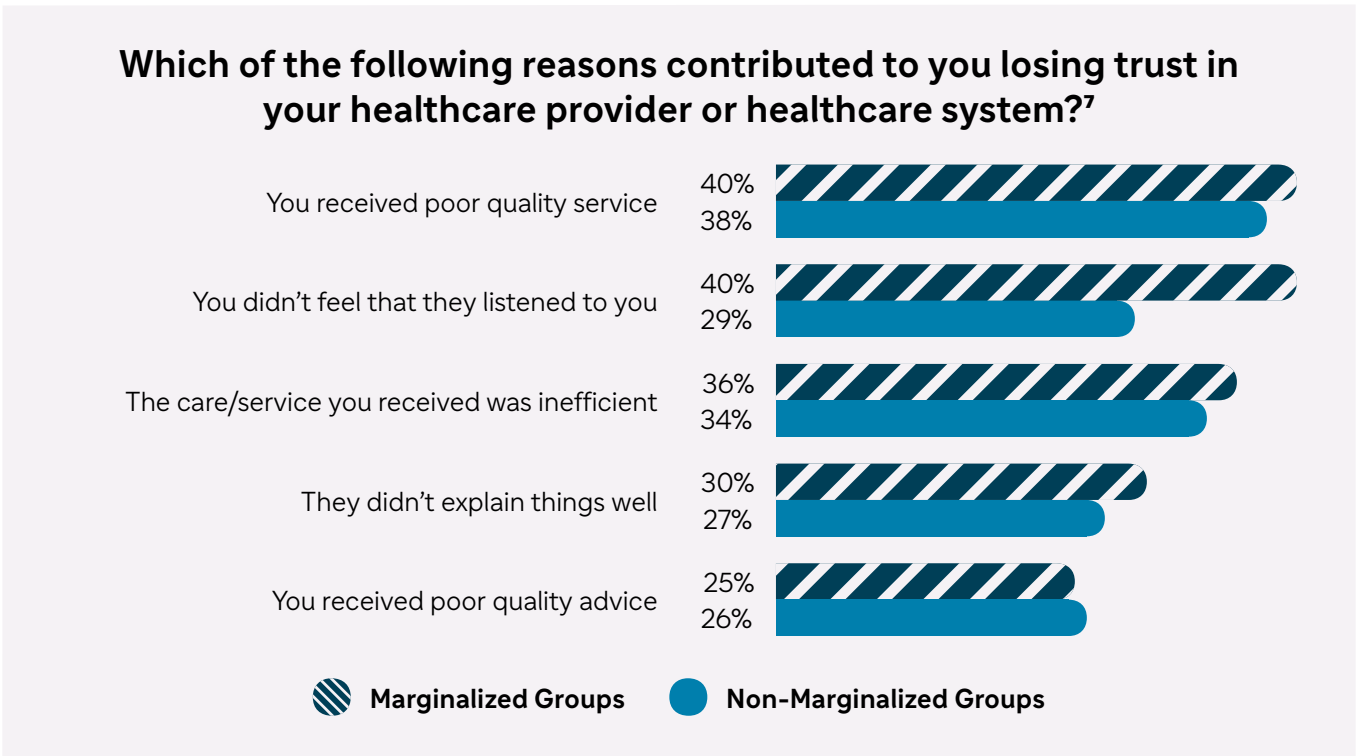
*"The doctor walked in, and I explained that I'm three months pregnant. I have severe morning sickness. And now I think I have stomach flu and I've been bringing up blood. The first thing that the doctor asked me was, 'Are you sure you haven't been drinking?' I just finished saying that I was pregnant, so why would I be drinking? He very angrily asked me to lie down. He felt around my abdomen. Then he realized I was actually telling the truth and then ordered up the I.V. that I needed and left the room. I think he had recognized that I was Native American and had made a judgement based on that. I just wanted the doctor to see me, for me. Yes, indigenous people have been struggling with substance abuse due to intergenerational traumas and disparity and poverty, but that doesn't mean we all are. Those feelings come back to me as though it wasn't ten years ago. I avoid actually going to the doctor if I don't have to."*

**Angela, US**

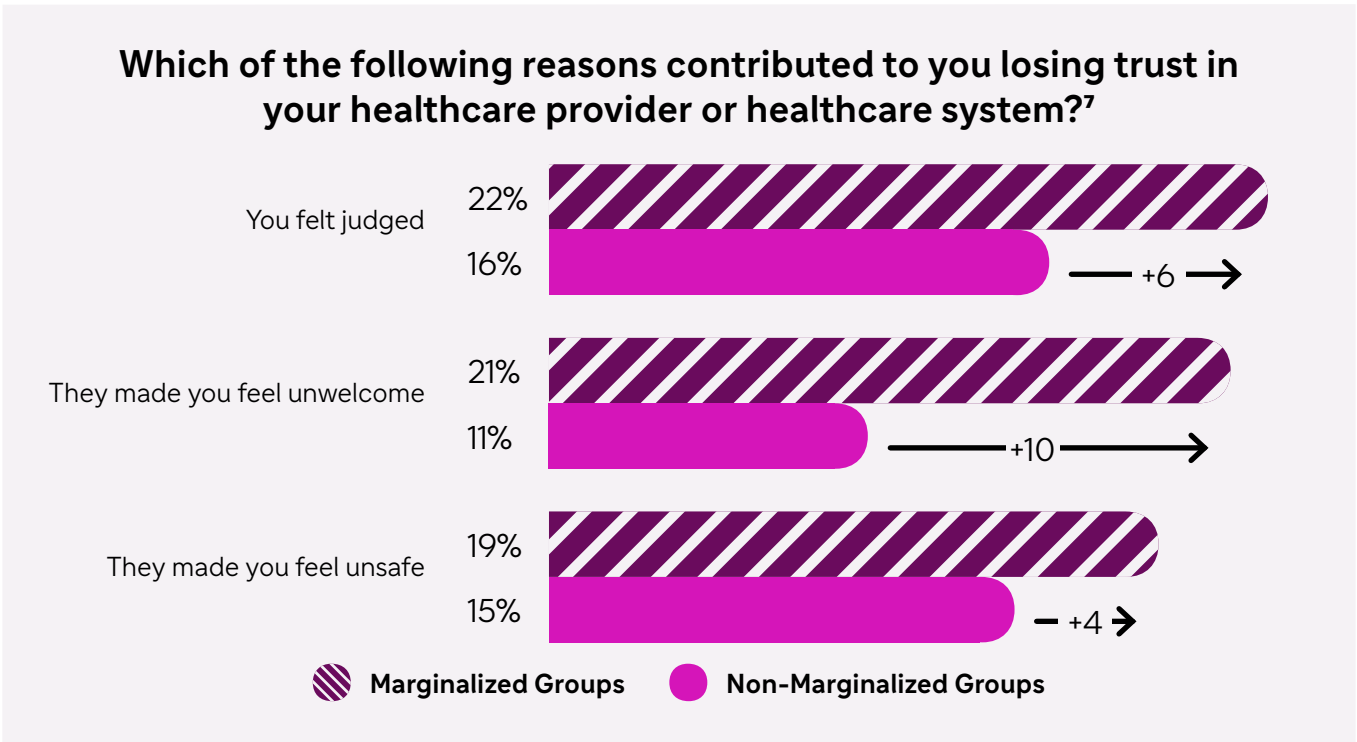


# Reasons for loss of trust

There are many reasons why trust can be lost. Inefficient service and quality care are pointed to as significant reasons for lost trust. However, these groups were 11-points more likely to say that they didn't feel listened to (40% vs 29%).



In our polling, historically undersupported groups were also significantly more likely to say they felt unwelcome, judged or unsafe.



<sup>7</sup> Charts show marginalized groups (n=5,675) compared to non-marginalized groups (n=1,435). Marginalized refers to women, ethnic minorities, LGBTQ+, disabled people. Non-marginalized refers to individuals who do not fall into these former groups.


# Eroded trust leads to negative outcomes

These experiences don't only erode trust, they also lead to worse health outcomes. More than a third of people from historically under-supported groups said they stopped going to their current healthcare provider and looked for a new one (39%) or that they stopped going to any healthcare provider at all (15%).

Most worryingly, people from these groups were more likely than others to say their physical health (21% vs 16%) or mental health (19% vs 10%) got worse as a result of losing trust in healthcare.<sup>8</sup>



Daniel Newman shared his experience of living with type 1 diabetes during a UK dialogue event:



*“As a Black man with type 1 diabetes, I’ve rarely seen people who look like me, and representation is still very limited. Coming from a Caribbean background, there’s also a cultural reluctance to talk about health. I also had a really bad experience transitioning from pediatric to adult care, reaching a point where I thought, ‘If they don’t care, why should I care? All I need is to stay alive.’*

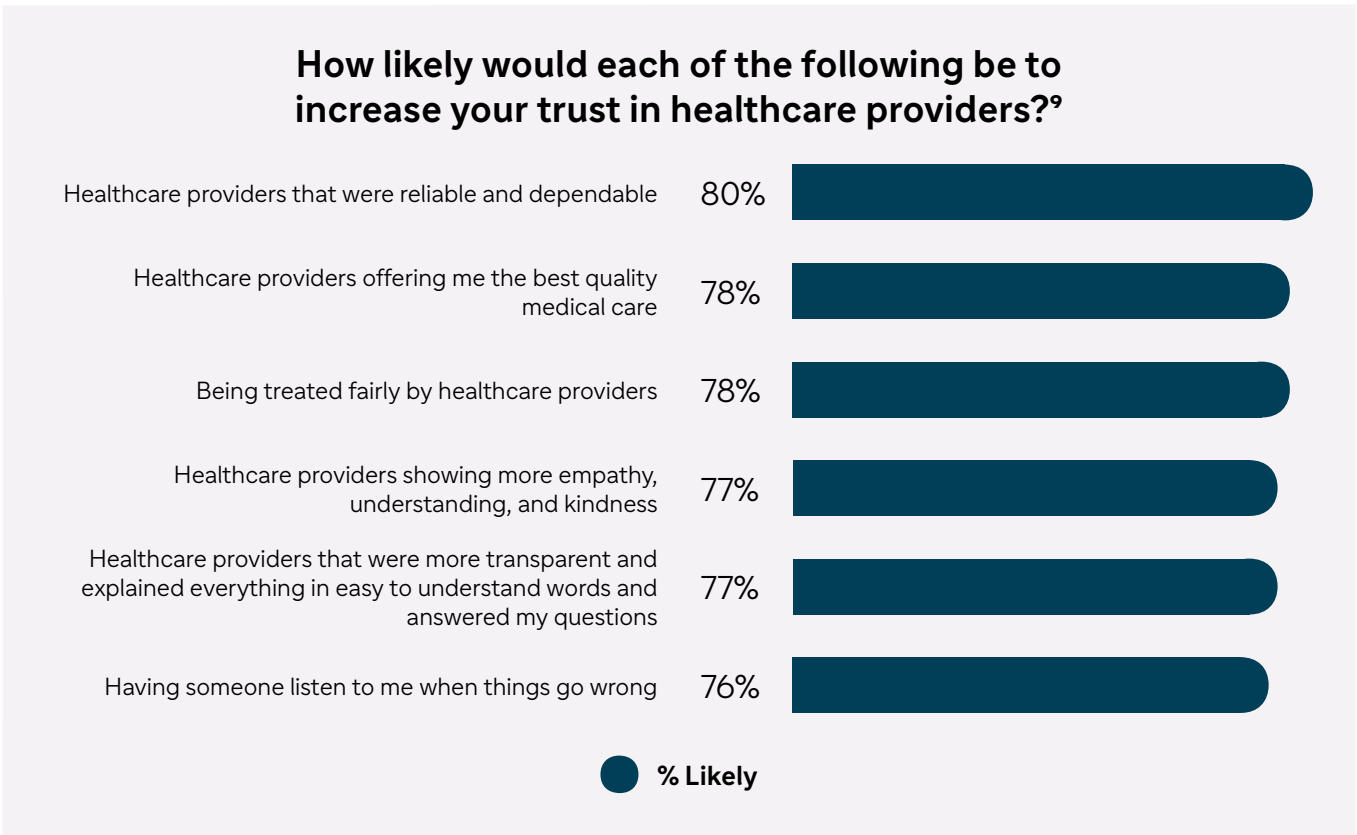
*Comparing my diabetes care to my kidney care after a transplant, I noticed a big difference. My kidney team treated me as a whole person. I had a family bereavement earlier this year and they were so understanding about how that impacted me. Type 1 diabetes is not just physical; the mental and emotional side is just as hard.”*

**Daniel Newman, UK**

<sup>8</sup> Charts show responses from individuals in marginalized (n=5,675) and non-marginalized groups (n=1,435) who reported trust-damaging experiences.

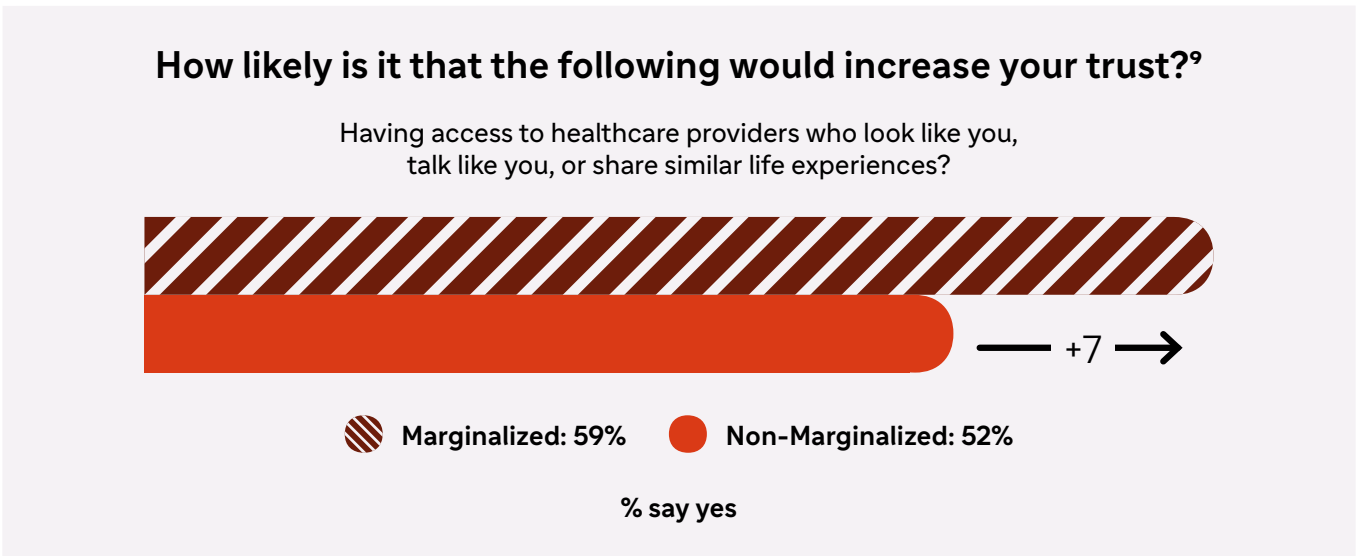
# How trust can be rebuilt

It's clear that the erosion of trust is having significant impacts on the health of the most under-supported in society. But there are also insights into how trust can be rebuilt. Being 'reliable and dependable', 'being treated fairly' and 'having empathy, understanding and kindness' were given as top answers.



People from historically under-supported groups were also more likely to say that 'having access to healthcare providers who looked like them, talked like them or had shared life experiences' would help.

Our global polling has not only exposed the trust gap we need to address - it has also begun equipping us with insights into how we can close it.



<sup>9</sup> Charts show responses from individuals in marginalized groups who had a trust-damaging experience (n=8,598).





*"There is an alarming amount of evidence showing the majority of people from historically under-supported communities have lost trust in the healthcare system. As a global healthcare company committed to improving people's lives, we have an important role to play in addressing these disparities. That's why we are investing in the long-term to build back bridges of trust that improve health outcomes and move us steadily toward a more equitable and healthier world for all."*

**Paul Hudson**, Sanofi CEO

# a *million* conversations

*A Million Conversations* is Sanofi’s global initiative to rebuild trust in healthcare among people from historically under-supported communities.

Launched with a €50 million investment over eight years, our goal is to work with others around the world to substantially close the trust gap by 2030.

The initiative is structured around three core pillars:



**Education**  
Partnering with institutions to support the next generation of healthcare leaders focused on closing the trust gap



**Dialogues**  
Building forums to empower diverse communities to speak directly with the healthcare industry and discover solutions to build trust



**Influence**  
Collaborating with partner organizations and communities to understand experiences, and co-build action plans to reduce healthcare inequities

Together these represent our contribution to helping make a meaningful difference to build trust. What follows is a summary of the progress we’ve made until now, and the learnings we’ve gathered alongside our partners.



Alexandre Derambure, France



Rie Yasuhara, Japan



Scott Ellis, US

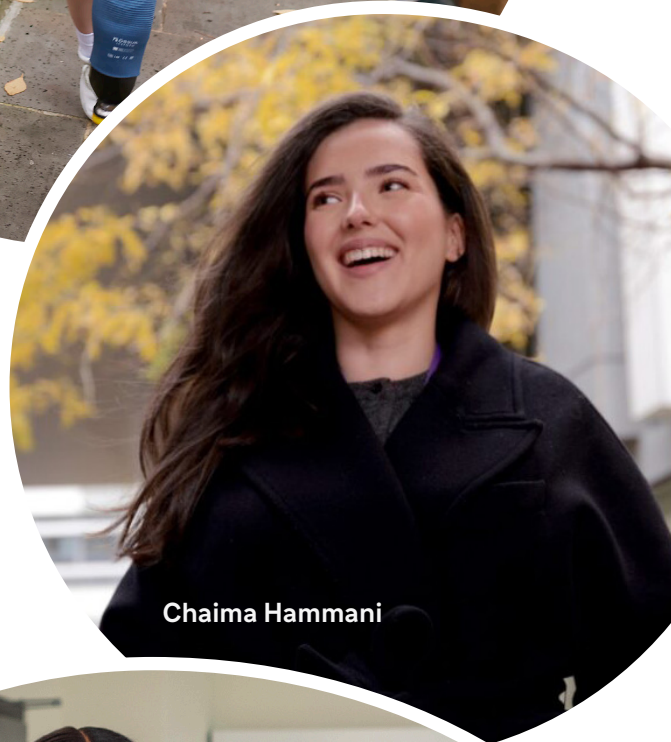




Arrener Bispo



Gabriella More  
O'Ferrall




Chaima Hammani



Ifeoma  
Enekebe





Chaima and Krystal  
One Young World  
Belfast

# Improving representation *in healthcare*

Civil rights activist Marian Wright Edelman famously said: “If you can’t see it, you can’t be it.”

Representation matters. Having diverse role models across the entire healthcare value chain can help pave the way for a more inclusive and equitable sector. Studies have shown, for instance, that Black patients have better health outcomes when treated by Black physicians. Yet just 5% of U.S. doctors are Black.<sup>10</sup>

We believe education should not be a privilege. Everyone deserves the opportunity to get the qualifications they want to succeed, no matter their

social or economic background. Financial barriers to education can often affect the most under-supported individuals in society, which can further entrench distrust and a lack of representation in our essential services. Providing equitable access to learning is a fundamental way to diversify healthcare, and in turn build trust with patients across the whole of society. In short, a healthcare sector that better represents the richness and diversity of society is better for all.

<sup>10</sup> Onyejiaka, T., and Bohl, M., 2020. *Why Black patients treated by Black doctors fare better.*



# Sanofi NextGen *Scholarship*

In partnership with leading higher education institutions, we are supporting students through the **Sanofi NextGen Scholarship**. The Scholarship is:

- **Holistic**, offering financial support, mentorship, leadership training and internship opportunities for students dedicated to closing the trust gap;
- **Radically inclusive**, being open to all;
- **A global movement**, where scholars belong to a worldwide network of young leaders committed to building more inclusive healthcare.

These efforts will help to build trust and ensure every patient feels heard, respected and understood.

## *Healthcare leaders of the future*

In our first two years, we have onboarded 200 students alongside 14 academic partners.

Our scholars' dedication to being voices of change is inspiring to us all, and anyone who speaks with them.

These are healthcare leaders of the future, and so we have also invited them to advocate for health equity at

global events, including at One Young World 2023 and the AFS Youth Assembly 2024.

Together they represent a promising movement towards equitable healthcare worldwide.

**Brazil:** We've partnered with Universidade Zumbi dos Palmares, a university dedicated to supporting students with socio-economic challenges and from underrepresented ethnic and gender groups, fostering a more inclusive and equitable environment for learning.



*"By promoting inclusive healthcare environments, we encourage collaboration and enrich the exchange of knowledge. Plurality of perspectives contributes to resolving complex challenges, and strengthens the commitment to equal, more effective and compassionate care."*

**Daniel Mateus Arcanjo,**  
Sanofi NextGen Scholar,  
Brazil

**France:** We notably collaborate with bioengineering schools SupBiotech, and ENSTBB - Bordeaux INP (École Nationale Supérieure de Technologie des Biomolécules de Bordeaux), as well as the Business school ESSEC (École Supérieure des Sciences Economiques et Commerciales). Together, we're supporting students with socio-economic challenges and disabilities.



*"Being a NextGen Scholar means embodying change in healthcare: it's a unique opportunity to restore trust."*

**Coraline Guyard,**  
Sanofi NextGen Scholar,  
France

**Japan:** We've welcomed scholars from The University of Tokyo and other prestigious institutions to increase the representation of women in healthcare.



*"I want to contribute to the future of healthcare by bringing new insights from a different perspective to a situation where my field of expertise is not directly related to healthcare."*

**Marina Wada,**  
Sanofi NextGen Scholar,  
Japan

**UK:** We are collaborating with Imperial College London to champion the inclusion of students from underrepresented communities and with socio-economic challenges.



*"My dad's journey to recovery from a brain tumour emphasizes the critical need for diverse voices to ensure everyone feels seen, heard, and understood shaping a more compassionate medical care."*

**Simon Wong,**  
Sanofi NextGen Scholar,  
UK



# Inclusive *dialogues*

Photos: UK Conference on Diabetes, TIE Summit, Sanofi NextGen Scholars , Dialogue Event, Gender+ ERG event in partnership with HBA, Spain KREAB event.



# 32

External Dialogues and  
Outreach Events

# 33

Internal Dialogues

# 12k

people reached

If we are going to close the trust gap, we must also bring others on the journey.

We have therefore hosted and participated in 65 dialogue events and conferences across 10 countries, facilitating conversations with thousands of diverse people and healthcare leaders. More than 12,000 people have been a part of these conversations also, sharing their own experiences and commitments to inspire positive change.

Facilitating open dialogue between healthcare and historically under-supported communities has emerged as a crucial strategy in rebuilding trust eroded by histories of discrimination. By partnering with local advocacy organizations, we create forums where individuals who have historically been denied a platform to voice their experiences directly to industry representatives.

This act of being heard is foundational to trust-building. When groups see their concerns not only acknowledged but actively responded to, it marks a significant shift in their relationship with the healthcare system.

As healthcare leaders listen to firsthand accounts of discriminatory practices or dismissive attitudes, they gain critical insights that often lead to concrete changes in policies and procedures. This responsive action is key – it transforms dialogue from mere conversation into a catalyst for tangible improvements. When community members witness their input translating into reformed practices, culturally sensitive care, or increased accessibility, it reinforces the value of their participation and gradually rebuilds faith in the system.

This iterative process of voicing concerns, seeing responsive changes, and experiencing improved care creates a positive feedback loop that strengthens trust over time. As trust grows, we observe increased willingness among historically under-supported communities to engage with healthcare services, ultimately fostering better health outcomes and a more equitable healthcare landscape.



*"In practice, we have a real difficulty with doctors who are not trained, who may not necessarily understand, and who, even with the best intentions, will not integrate the fact that their patient is a trans person."*

**Anaïs Perrin-Prevelle**  
during a LGBTQ+ Inclusive  
Dialogue in France



*"Even myself as a Black woman with a medical degree, I'm still five times more likely to die of pregnancy-related complications than my White peers. And why is that right?"*

**Dr Uché Blackstock**  
at the Sanofi TIE Summit in  
the US





# Influencing *systems change*

Driving systemic change in healthcare requires an ongoing conversation: asking, listening, acting. And to achieve real change, we need input from everyone with a vested interest in the sector.

We know we don't have all the answers. We need a range of perspectives and voices to shape the future of healthcare, together.

As part of our initiative, we are growing a coalition of governments, businesses, academic institutions, activists and non-profit organizations to undertake research, coordinate activities and influence decision makers. Our opening contribution to this coalition is the [A Million Conversations](#) Advisory Group.

## A Million Conversations Advisory Group

The Advisory Group comprises a collective of inspirational leaders from the fields of healthcare, academia, advocacy and research who are committed to helping drive change.

Convened by the Health Policy Partnership, the Advisory Group members are committed to producing

evidence-based and consensus-led outputs to help drive change.

Our [ten inaugural members](#) serve two-year terms on a voluntary basis, helping to shape the future of [A Million Conversations](#) together.

## Co-implementing solutions

The international report [Earning Trust: A Foundation for Healthcare Equity](#), that we produced this year with the collaboration of the Health Policy Partnership, outlines evidence-based policy actions that, if locally co-implemented, will help build trustworthy health systems.

While this might be a global initiative, solutions to address the trust gap will require local, regional and national action. It will require those making decisions about local healthcare to view challenges through the lens of trust and understand where these gaps exist to ensure targeted interventions regional and national governments to act.

Working across multiple levels like this helps by encouraging consideration of where decisions are best

made. Locally to meet the specific needs of individuals and communities? Or nationally to achieve economies of scale? It can also guide who should be involved and how we can ensure accountability and transparency for decision making, which is vital to building trust.

Change doesn't occur with a single effort. We need to pull big levers for change, as well as taking repeated smaller, local actions which build toward bigger global impacts. It's in these local activities that we're seeing encouraging progress, as outlined in the [A Million Conversations](#) case studies that follow.

It will take time but collectively, local actions like these are what will help to close the trust gap.



*"To truly earn trust and foster inclusivity, we need action and accountability, not just words. This initiative is a catalyst for change, building on dialogues to create innovative and impactful actions. I'm looking forward to collaborating with other members of the **A Million Conversations** Advisory Group."*

**Marisa Miraldo,**

Professor of Health Economics and an Academic Director at Imperial College Business School (ICBS)





Seminários  
Folha event  
Brazil

# Case studies



## Case study:

### Increasing diversity in clinical trials in Brazil



Representation matters – and when it comes to clinical trials, an accurate reflection of general populations among those participating is crucially important. It helps to ensure the outcomes developed are representative of everyone who might stand to benefit from the trial in the long-term and helps to minimize the chances of adverse side effects and other complications. To address this, Sanofi is working to increase diversity in clinical trials.

For example, in Brazil, our research between 2017-2022 showed that only 12% of clinical trial participants were Black or Brown<sup>11</sup>, compared to 56% of the population that self-identifies in this way.<sup>12</sup>

Sanofi Brazil has committed to increase the diversity of its clinical trials to 25%. The company is doing this by expanding opportunities to access innovative treatments, increasing site staff capacity, investment, and by promoting more equitable access to healthcare.

To help reach its target, Sanofi has developed training sessions and videos for healthcare workers, to build

understanding of how demographic data should be captured and categorized during clinical trials. It has also created a program of specialist learning for clinical sites in cities where the Black population is above 50%.

Sanofi has also identified five locations in northern Brazilian states where clinicians are less established or experienced. The company is holding online learning classes to support these junior healthcare workers, followed by four days of intensive training at an expert clinical site. Staff at the locations are also benefiting from consultant visits, to help them improve and enhance their offering.

In addition, Sanofi is raising awareness of the importance of diversity through photo and story-telling installations at clinical sites, as well as in lectures and role play activities. Collectively the program was recommended by more than 95% of the 600 healthcare workers who took part.

<sup>11</sup> Internal Sanofi data on clinical trials.

<sup>12</sup> Brazilian Institute of Geography and Statistics (IBGE). 2022 Demographic Census: General Characteristics of the Population



## Case study:

### Pharmaceuticals in Japan collaborate for LGBTQ+ healthcare inclusion



Pharma for Pride is a collaboration formed by four pharmaceutical companies in Japan: Sanofi KK, AstraZeneca KK, AbbVie GK, and Alexion Pharma GK. Together, partners in the network aim to help improve psychological safety for LGBTQ+ people in the healthcare sector – both in working environments and in treatment settings.

Launched in 2022, Pharma for Pride holds regular learning sessions with healthcare workers across the four participating companies to build understanding of key issues affecting the LGBTQ+ community.

Through discussion, case studies and role-play activities, employees from the companies exchange ideas about the challenges faced by LGBTQ+ people in medical and healthcare situations, and how these issues can contribute to a lack of trust and poorer healthcare outcomes for the community.

Learning sessions are designed to raise awareness of topics such as coming out, outing, assumptions, supporting healthcare employees to better understand how they can act as allies for LGBTQ+ colleagues, and help create a culture of support and inclusion across the industry.

Since its launch, Pharma for Pride has held five joint learning sessions for employees. The most recent, in June 2024, focused on the subject of allyship and reached 650 people.

Pharma for Pride also seeks to raise awareness beyond companies in the network. It is driving positive change across the entire pharmaceutical sector in Japan through joint learning sessions in conjunction with Pride month in June and Human Rights week each December, as well as participating in and holding LGBTQ+ events with associated groups and ally networks.

Following the launch of *A Million Conversations* in Japan and the significant engagement with relevant LGBTQ+ groups, Sanofi has been supporting Pharma for Pride to grow its impact by turning its focus to legislative acts and government decision makers. The group aims to submit a petition to Japan's LGBT Parliamentary Federation seeking greater equality and inclusion of LGBTQ+ people within official healthcare plans, government acts, and guidelines

**Photo: Rainbow Pride Event, Japan**

# Case study:

## Connecting community health workers in the U.S.



Community Health Workers (CHWs) play a critical role in ensuring the wellbeing of historically under-supported communities, in the U.S. and around the world. And while the unique expertise, health impact, and ROI of this workforce have been well-documented for decades, these community leaders – who are helping neighbors access information, support, and care – are unsupported, and often unpaid.

When the pandemic began, global health experts quickly recognized that these workers were essential, and formed a global task force to discuss ways to ensure that these deeply trusted and highly effective community leaders could be found and supported. The National Association of Community Health Workers (NACHW) participated in this global group, and forged a long-term strategic partnership with Sanofi to support their efforts to build digital infrastructure that would help unify CHWs nationally for the very first time.

- With Sanofi support, NACHW conducted extensive listening and engagement with CHWs and experts across sectors – through surveys, facilitated cross-sector workgroups, and an expert advisory.
- In addition, 200 Sanofi leaders and employees rolled up sleeves alongside these stakeholders in the All In for Community Health Workers innovation journey, which featured CHW-

centered design thinking workshops that provided user insights for the digital platform's design.

- In August 2024, after extensive feedback, the CHWConnector digital app was launched, and more than 1000 CHWs signed on within the first six weeks to share community health best practices and access research, support, best practices, training, and policy advocacy support.

In addition to supporting CHWConnector, Sanofi supports NACHW's policy advocacy efforts with local, state, and federally elected officials, including training 75 CHWs on Capitol Hill, amplifying the 2nd annual National CHW Awareness Week, and advancing the CHW Access Act introduced in March, which calls for Medicare and Medicaid reimbursement of CHW services without a copay.

Going forward, Sanofi and NACHW are identifying shared community health equity priorities, and Sanofi is collaborating within industry to release an actionable report in 2025 aiming to feature CHW sustainable financing scenarios that have the potential to benefit all stakeholders in the context of a healthcare worker shortage, a PCP crisis, and a complex U.S. health system.

**Photo: Sanofi and Community Health Workers (NACHW) , Washington D.C.**





# How together we can *close the trust gap*

So how do we rebuild trust in healthcare? Our research shows that, regardless of their personal attributes or characteristics, people want the same thing from their healthcare providers in exchange for their trust.

Empathy, good service and clear communication are essential. Historically under-supported groups are often deprived of even these basic expectations. We need targeted and equitable interventions. From our conversations, research and policy research, we are calling on current and future collaborators to focus on the following recommended actions.

We will be working with healthcare decision-makers and our partner organizations to discuss the implementation of these recommendations. If your organization could help, we invite you to join us.

# Recommended actions



## ***Empower Through Education***

Introduce regular training for all healthcare professionals in cultural sensitivity and active listening. By incorporating these essential skills into ongoing education and addressing unconscious bias in healthcare, we can build a workforce equipped to serve all communities and rebuild trust in the patient-provider relationship.



## ***Champion Diversity in Research***

Require health research to reflect the diversity of the local and national population. This includes mandating standardized and transparent data collection on health outcomes for historically under-supported groups and setting national standards for inclusivity in research. Through these measures, we'll uncover insights that better address health disparities.



## ***Include Communities in Decision-Making***

Embrace the “Nothing About Us Without Us” principle by including people from diverse groups in decisions about health policies that affect them. Actively involving under-supported groups in this way, such as through community representation on hospital boards, ensures their needs and lived experiences are accounted for. This in turn will foster a more inclusive and responsive healthcare system.



## ***Prioritize Holistic, Person-Centered Care***

Equip healthcare professionals to deliver holistic person-centered care by providing adequate resources and time for meaningful relationship building with each patient. Everyone faces different barriers and so by supporting a workforce with enough time to fully understand patients' circumstances and preferences, we can provide tailored care that responds to the needs of the individual.



## ***Promote Consistent And Accessible Communication***

Enhance the health literacy of everyone in society with accessible educational materials. Healthcare professionals and pharmaceuticals have a responsibility to ensure patients have clear and accessible information on health-related topics. Governments should also provide transparent information in public health messaging and leverage trusted messengers to help counter misinformation. In this way, we can better empower individuals to make informed choices and discuss concerns openly with healthcare professionals.



## ***Build A Healthcare Workforce for All***

Make it easier for all people, regardless of their background, to start their careers in the healthcare sector. By ensuring the inclusion of all communities in the workforce, we can facilitate more effective communication and better health outcomes





Disability and Women's  
Health event in partnership  
with UNESCO and APF France

## Join our *coalition*

Earning trust in healthcare with historically under-supported communities is an essential mission if we truly want equitable health outcomes for all. Everybody has the right to good health, without fear or favor.

We began our **A Million Conversations** initiative to rebuild trust with historically under-supported communities. And we started with open and frank conversations. These conversations highlighted the startling facts around the number of people who have had negative experiences that have eroded their trust.

The more we've heard, the more resolved we've become. No one should be at a greater risk of illness, or even death, simply due to who they are. It is unacceptable, and together it is our responsibility to do all we can to fix it. This is why we hope you will join us.

Earning trust starts by putting people at the center of discussions about healthcare and seeking ways to improve human interactions, representation, empathy and inclusion at every touchpoint.

- We need to invest in education and make it easier for all people, regardless of background, to begin careers in the healthcare sector.

- We need to facilitate discussion and listen to what people are telling us about their perception of trust in healthcare.
- We need to involve everyone with a vested interest in healthcare. Those who can effect change – from institutions and decision-makers to policy-setters and everyone employed in the sector, both now and in the future.

If that's you, then this report marks our invitation for you to join us. With input and support from global health authorities, industry partners, activists, community organizations and more, we can track progress in trust and inspire change. Together.

Rebuilding trust in healthcare will not be quick or easy. But with your involvement, together we can move towards a more inclusive and healthier world for all.



*"For some historically under-supported communities, their trust in healthcare is hanging by a thread. If it snaps, we risk deepening inequities and jeopardizing public health. This report should act as a call to action for anyone invested in inclusive healthcare. Because together we can build trust, ensuring better care, greater collaboration, and more resilient health systems for all."*

**Laura Gutierrez,**  
Head of Global Corporate Public Affairs and Policy, Sanofi

## Get in touch with us

The **A Million Conversations** initiative is a partnership that extends far and wide. But to truly effect change, we want to continue growing our coalition of organizations and changemakers.

If you or your organization is interested in joining the **A Million Conversations** Coalition, we extend to you this invitation: we'd be delighted to have you on board.

[amillionconversations@Sanofi.com](mailto:amillionconversations@Sanofi.com)





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Lastly, we extend both our thanks and solidarity to everyone in any under-supported community who has shared their experiences and ideas - without your candidness and honesty we would not be able to make the progress we have made and continue to aim for.

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*Let's rebuild trust together*

**sanofi**

a *million*  
conversations