

# Paving the road to eliminating disparities and achieving health equity

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January 12, 2022



**EQIC**

EASTERN US QUALITY  
IMPROVEMENT COLLABORATIVE

HQIC

Hospital Quality Improvement Contractors  
CENTERS FOR MEDICARE & MEDICAID SERVICES  
QUALITY IMPROVEMENT & INNOVATION GROUP

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# Agenda



TOPIC	PRESENTER
Welcome and Introduction	Nicole Ford, MBA, CPHQ, Project Manager, EQIC
Paving the road to eliminating disparities and achieving health equity	Aswita Tan-McGrory, MBA, MSPH. Administrative Director, the Mongan Institute, Director, The Disparities Solutions Center, Massachusetts General Hospital
“Equity in Action” Community Hospital Success Story Spotlight	Rebecca Filson, FNP-BC, Hospitalist  Bentley Munsell, BSN, RN, CEN, EMT, Clinical Coordinator, Emergency Department Southwestern Vermont Medical Center
Q & A	Nicole Ford

# Health equity



EQIC's health equity initiative supports hospitals and health systems' efforts toward achieving high-quality, equitable care for all.

We assist hospitals to identify and address potential healthcare disparities by:

- improving the collection of standardized race, ethnicity and language (REaL) data;
- using data to better inform patient-centered care and targeted interventions to reduce healthcare disparities; and
- implementing cross-cutting equity-focused tactics and strategies at the unit level to promote safety across the board and reduce harm.

# What is health equity?



“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

Robert Wood Johnson Foundation (RWJF)

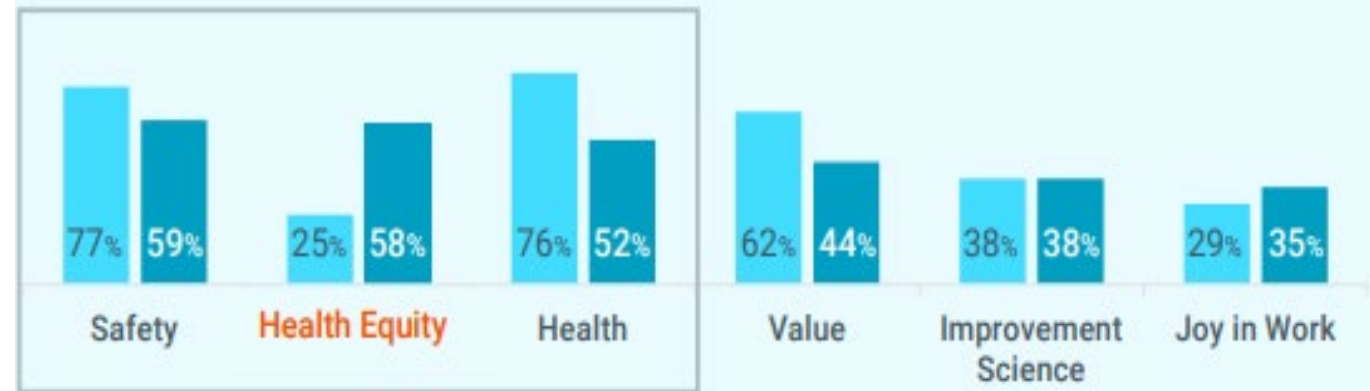
**For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.**

# 2021 IHI industry poll

## Key findings and takeaways

- ✓ Health equity is a top priority for most healthcare delivery organizations.
- ✓ Healthcare delivery organizations report myriad barriers to advancing health equity.
- ✓ Two top-cited barriers to advancing health equity:
  - *Inconsistent collection of equity-related patient data; and*
  - *Lack of resources other than funding (e.g. available staff).*

Top 3 Priorities for Health Care Organizations



Top 5 Barriers to Advancing Health Equity

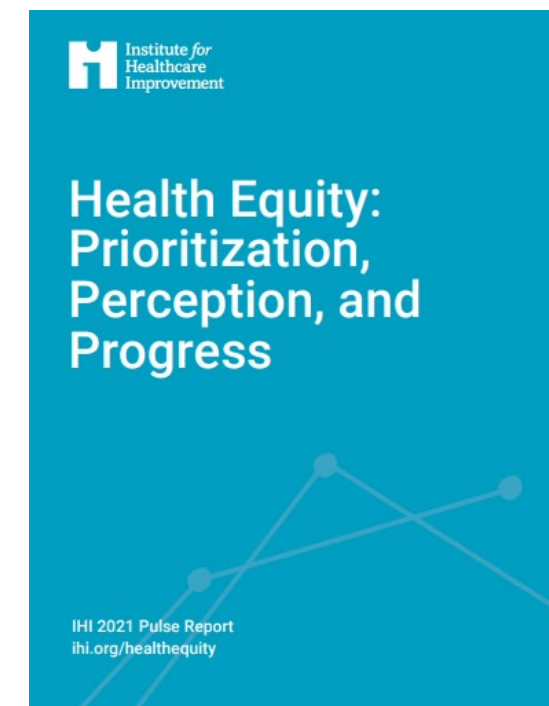


# Why is health equity not a top-three priority for some organizations?



Respondents who did not select health equity as a top-three priority clarified why:

- 22% My organization does not experience deep or persistent disparities related to characteristics such as race/ethnicity, language, sexual orientation, or geographic location.
- 19% Focusing on other priorities will have a greater positive impact on patients.
- 18% My organization does not currently have the right leaders in place to drive the work of health equity.
- 18% I don't know.
- 17% My organization has developed a health equity strategy that it is delivering on and has now moved on to other priorities.
- 12% It is not necessary based on my organization's context (e.g., location, patient populations).
- 6% My organization does not have the funding to commit to health equity work.
- 20% Other — top themes to emerge include:
  - Health equity is a focus, but not a top three priority.
  - Health equity is being addressed through population health work.
  - Health equity is not a standalone strategy; it is embedded in everything we do.
  - My organization has more pressing priorities right now (e.g., COVID-19 and infection control, improving scorecard results).

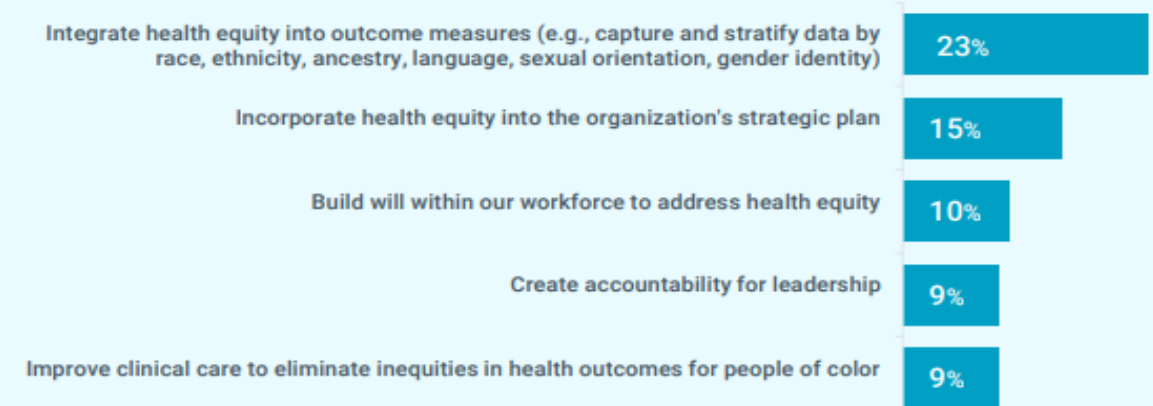


# “There can be no progress on healthcare quality and population health without health equity.”

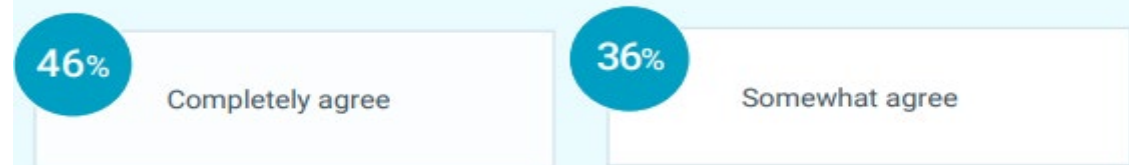
Top responses for efforts organizations are undertaking to advance health equity include:

- 58% incorporating health equity into the organization’s strategic plan
- 56% developing partnerships with community organizations
- 55% capturing equity-related patient data, including race, ethnicity, ancestry, language, sexual orientation, and gender identity
- 55% addressing equity in the hiring and promotion process

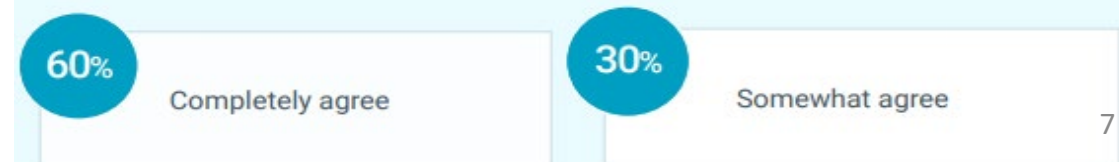
## Top 5 Responses: The Most Important Thing My Organization Needs to Do to Advance Health Equity



## Responses to Statement: “There can be no progress on **health care quality** without progress on health equity.”



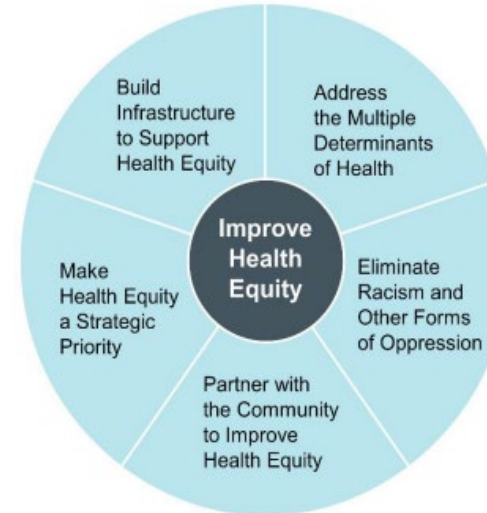
## Responses to Statement: “There can be no progress on **population health** without progress on health equity.”





# Questions to run on

- What is your understanding of health equity, health equality and healthcare disparities?
- How does our mission, vision and values align with our commitment to health equity?
- What steps can we take in the next 30 days to address and target disparities? 90 days? How will we assess progress on health equity?
- Have we identified *equity champion(s) specifically at the unit level* to promote and support our health equity work?



Learning from the Pursuing Equity Initiative  
Health System Team Summary Reports



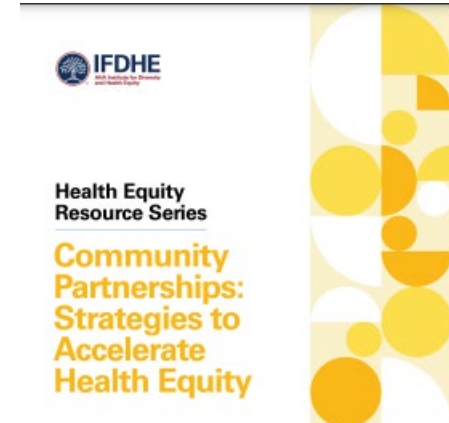


# Questions to run on



- Do we have an education and training strategy on health equity, diversity and inclusion?
- Should we develop a diversity and inclusion committee or include these issues within existing committees?
- What are the key priorities that our organization is addressing based on community assessment data?
- What current outreach activities or community partnerships are we engaged in?

*Who will serve as equity champions?*



# 30-Day “Equity in Action” Challenge!

- Champion a Disparities Impact Statement.
- Complete Action Plan to develop and implement your disparities action statement.
- Contact your EQIC project manager for support with action plan development.



This tool can be used by all health care stakeholders to achieve health equity for racial and ethnic minorities, people with disabilities, sexual and gender minorities, individuals with limited English proficiency, and rural populations.

This worksheet has 5 steps:

- 1 Identify health disparities and priority populations
- 2 Define your goals
- 3 Establish your organization's health equity strategy
- 4 Determine what your organization needs to implement its strategy
- 5 Monitor and evaluate your progress

## ACTION PLAN

Fill out one for each improvement goal. Health Equity Technical Assistance is available for stakeholders completing the Disparities Impact Statement. Contact [HealthEquityTA@cms.hhs.gov](mailto:HealthEquityTA@cms.hhs.gov).

Health Equity Champion:		Executive Sponsor:		Date:
<b>Improvement Goal</b> What health disparity are you addressing and who is (are) your priority population(s)?		<b>Health Disparity:</b>  <b>Priority Populations(s):</b>		
Goals	Action Steps	Resources & Key Stakeholders	Metrics	Measurable Outcomes/Impact
List out your short-term and long-term goals from Step 2. Add rows as needed.	List the action steps needed to achieve your goals.	List the resources needed to accomplish action steps, including key staff or stakeholders from the Stakeholder Engagement Plan.	What will you monitor? What data will you use to track progress and how often?	Consider the longer term outcomes: how will you evaluate the impact and sustainability of your actions?
Short-Term Goal				
Long-Term Goal				

# EQIC Health Equity Gap Analysis

Assessment tool designed to help evaluate hospital’s current state and incorporation of health equity best practices as part of it’s overall operations.

Checklist elements include:


- ✓ Organizational leadership
- ✓ Workforce training
- ✓ Data collection, stratification and use
- ✓ Health literacy, language and cultural competence
- ✓ Community partnerships

### Health Equity Gap Analysis

The following checklist assesses a hospital's incorporation of health equity best practices as part of its overall operations.

Hospital name: \_\_\_\_\_

Date: \_\_\_\_\_



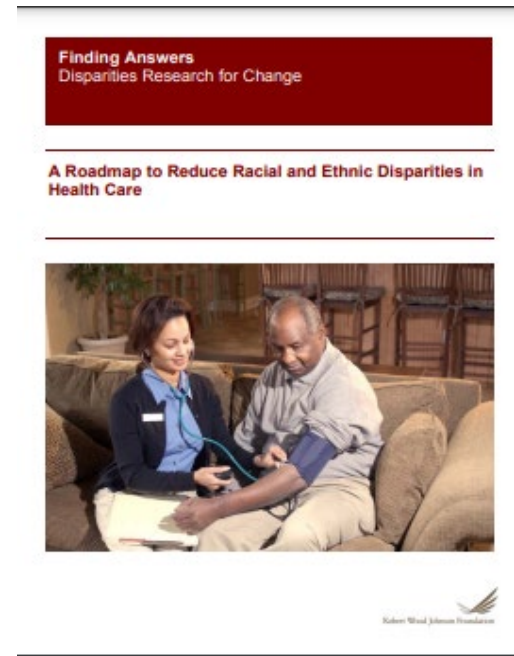
ELEMENT	BEST PRACTICE RECOMMENDATION	IMPLEMENTATION STATUS			ACTION PLAN/NEXT STEPS <small>List specific activities your team will seek to accomplish to fully implement each practice recommendation</small>
		FULLY	PARTIALLY	NONE	
ORGANIZATIONAL LEADERSHIP					
Health equity is a key strategic priority with established structures and processes in place to eliminate disparities and ensure equitable health care is prioritized and delivered to all patient populations.	Health equity is articulated as a key organization-wide priority (e.g. goals and objectives, strategic plan, policy, protocol, pledges, mission/ vision/values, data transparency, leadership buy-in, community partnerships, diverse workforce) supported by a clear business case and plan for operationalizing health equity strategies and interventions that address multiple determinants of health, decrease institutional racism and strengthen community partnerships to improve health and equity.				
Hospital has designated a leader(s) or functional area (i.e. health equity committee) responsible for advancing health equity and who actively engages in strategic and action planning activities to reduce disparities.	Health equity leader(s) are designated and held accountable for disparities reduction with established roles and responsibilities to champion equity and improve quality of care. Designated leaders actively engage hospital staff, patients and families and create linkages with community stakeholders to support health equity improvement activities.				
DATA COLLECTION AND UTILIZATION					
Hospital uses a self-reporting methodology to collect race, ethnicity and language (REL) data from the patient, family member and/or care partner.	State/national requirements and federal policies include collecting and reporting REL data. Self-reported patient data is considered the "gold standard." All race and ethnicity categories collected should, at a minimum, roll up to the OMB categories in separate fields in addition to collecting granular ethnicity data beyond the OMB categories. Hospital staff should receive data collection training.				
Hospital uses a self-reporting methodology to collect social determinants of health data (i.e. transportation, food insecurity, housing, etc.) from the patient, family member or care partner.	Best practice recommendations include collection of SDOH/social risk factors to mitigate health disparities, which can drive as much as 80 percent of health outcomes. Collecting these data helps organizations identify existing disparities, address health-related social needs and connect patients with resources to address unmet needs.				

# Next steps: QI roadmap – embedding equity into quality and safety

The following roadmap can help organizations integrate disparities reduction into all health care quality improvement efforts and offers a comprehensive approach to achieving equity.

It involves six steps:

- 1) Link quality and equity
- 2) Create a culture of equity
- 3) Diagnose the disparity
- 4) Design the intervention
- 5) Secure buy-in
- 6) Implement and sustain change



**Best Practices to Reduce Disparities**  
Finding Answers: Disparities Research for Change

Practice	Rationale	Possible Strategies	Outcome
Collect and stratify race, ethnicity, and language (REL) data in tandem with other equity efforts	REL data is an important part of reducing disparities, but it is not necessary to put all equity efforts on hold until REL data is available.	Use qualitative methods (e.g., surveys, interviews) to identify disparities if quantitative data isn't available. Continue to foster a culture of equity across the organization while REL data collection is in progress.	Disparities efforts are not stalled. The organization is primed to address disparities once REL-stratified data is available.
Foster a culture of equity	Success is more likely if staff recognize that disparities exist within the organization and view inequality as an injustice that must be redressed.	Share feedback with providers and incentivize disparities reduction. Include equitable health care as a goal in mission statements. Build a work force that reflects the diversity of the patient population. Institute a Community Advisory Board and develop ties with community-based organizations.	Staff, patients, and community members share a definition of equitable care and value equity in health care delivery.
Appoint staff and protect their time for equity programs and hold them accountable for results	Without staff time and effort, equity programs are unlikely to reach their full potential.	Include equity goals in job descriptions and performance reviews. Prepare for leadership and staff turn over by cross-training staff and documenting institutional knowledge. Identify equity champions to lead the effort.	Staff is not overtaxed and remains committed to the program over time.
Target multiple levels and players across the care delivery system	The causes of disparities are complex; solutions need to address multiple factors.	Avoid focusing exclusively on patients - design programs that intervene with providers, organizations, community groups, and policies, as well as patients.	Programs effectively address the multiple causes of disparities. Improvements are systematic and comprehensive.

# EQIC website tools and resources



- **Assessment Tools**
  - ✓ [EQIC Health Equity Gap Analysis](#)
  - ✓ [IHI Achieving Health Equity Guide and Self-Assessment Tool](#)
- **Action Planning**
  - ✓ [Advancing Health Equity \(AHE\) Roadmap to Reduce Disparities](#)
  - ✓ [Health Equity Snapshot: A Toolkit for Action](#)
  - ✓ Building an Organizational Response to Health [Disparities IMPACT Statement](#) and [Resource Guide](#)
- **Publications & Reports**
  - ✓ National Healthcare Quality and Disparities [Reports](#) and [Chartbooks](#)  
*(\*Chartbook on Rural Healthcare Updated November 2021)*

# Thank you.

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