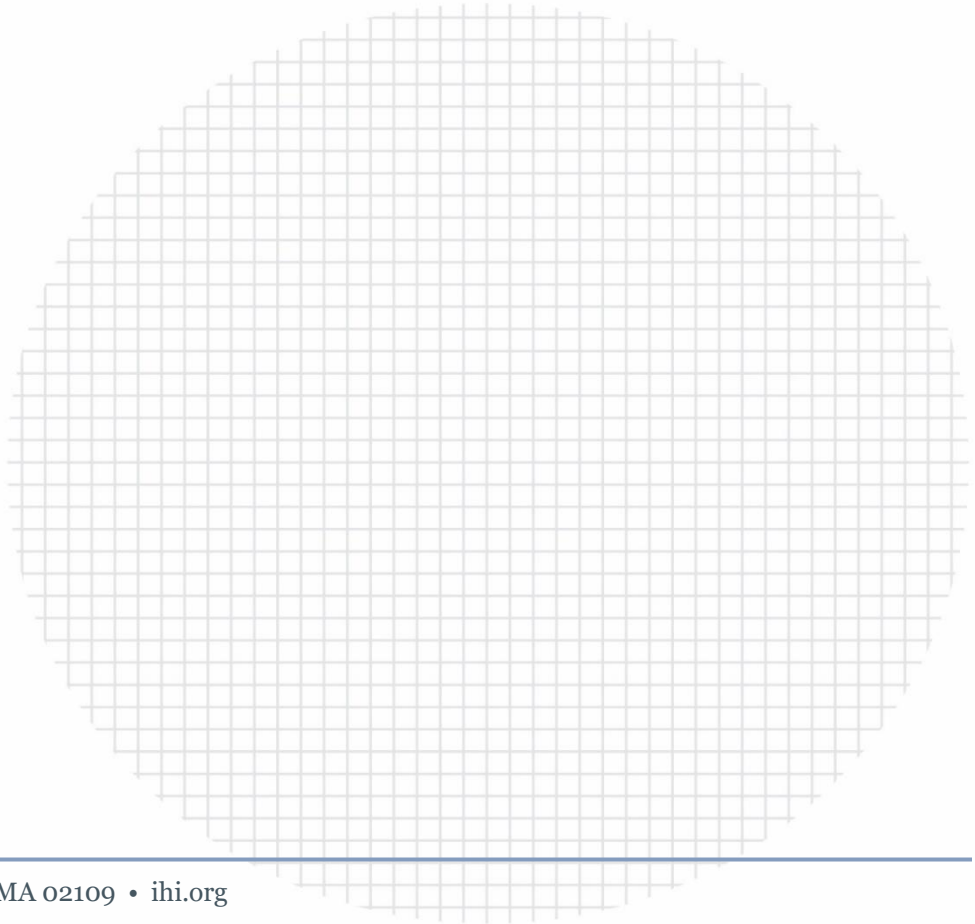
Institute for Healthcare Improvement

Improving Health Equity: Partner with the Community

Guidance for Health Care Organizations



AN IHI RESOURCE

53 State Street, 19th Floor, Boston, MA 02109 • ihi.org

How to Cite This Document: *Improving Health Equity: Partner with the Community. Guidance for Health Care Organizations.* Boston, Massachusetts: Institute for Healthcare Improvement; 2019. (Available at www.ihi.org)

Acknowledgments:

IHI is deeply grateful to Amber Watson and Meghan Hassinger, lead writers of the guide; Amy Reid, who provided thought leadership and direction; and John Whittington, who provided valuable feedback.

IHI has deep appreciation for the eight health care organizations and individuals working with us in the Pursuing Equity initiative: Brigham and Women's Hospital Department of Medicine and Southern Jamaica Plain Health Center (Jamaica Plain, Massachusetts); HealthPartners (Bloomington, Minnesota); Henry Ford Health System (Detroit, Michigan); Kaiser Foundation Health Plan and Hospitals (Kaiser Permanente) (Oakland, California); Main Line Health (Newtown Square, Pennsylvania); Northwest Colorado Health (Steamboat Springs, Colorado); Rush University Medical Center (Chicago, Illinois); and Vidant Health (Greenville, North Carolina).

Without their pioneering work and generosity in sharing what they are learning, this guide would not be possible. The authors are also grateful for the thought leadership provided by IHI leaders and faculty for the Pursuing Equity initiative, and we thank Jane Roessner and Val Weber of IHI for their guidance in developing and editing this guide.

The initiative aimed to reduce inequities in health and health care access, treatment, and outcomes by implementing comprehensive strategies to create and sustain equitable health systems. The eight health systems — diverse in size, geographic location, and patient populations served — worked with IHI to apply practical improvement methods and tools, spread ideas in peer-to-peer learning, and disseminate results and lessons to support an ongoing national dialogue and action for improving health equity.

Contents

Executive Summary

Inequities in health and health care persist despite improved medical treatments and better access to care. Health care organizations have a critical role to play in improving health equity for their patients, communities, and employees. In 2016 the Institute for Healthcare Improvement (IHI) published *Achieving Health Equity: A Guide for Healthcare Organizations*, a white paper that presents a five-component framework to guide health systems in their efforts to improve health equity. Subsequently, in 2017, IHI launched the Pursuing Equity initiative to learn alongside eight US health care organizations that used the framework to identify and test specific changes to improve health equity.

This guide describes strategies and lessons learned from two health care organizations that have tested changes in the framework's fifth component: Partner with the Community to Improve Health Equity. The case studies presented in this guide provide examples of ways in which health systems might use a collaborative approach to partner with others in the community to improve health equity.

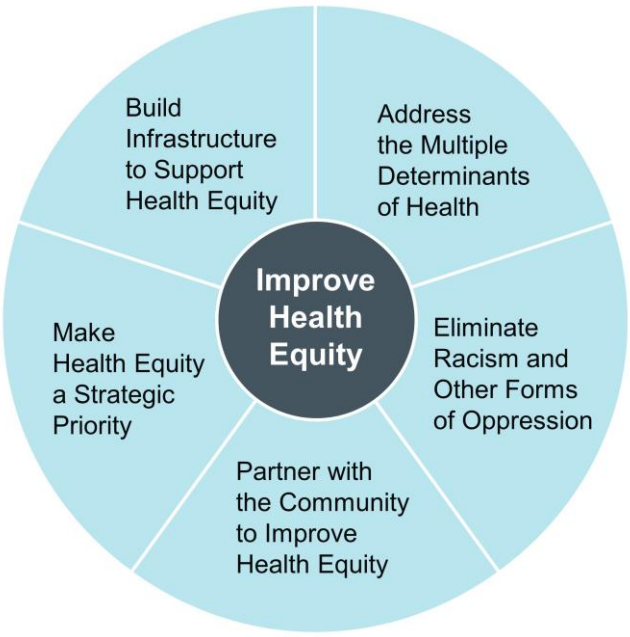
The guide includes:

- **Historical context and infrastructure of collaborative approaches** used by health care organizations to partner with the community to improve health equity;
- **Progress achieved** to date; and
- **Key tactics** to build a multistakeholder coalition to improve equity.

Introduction

In April 2017 the Institute for Healthcare Improvement (IHI) launched the two-year Pursuing Equity initiative to learn alongside eight US health care delivery systems that are working to improve equity at their organizations. The five-component framework presented in the IHI White Paper, *Achieving Health Equity: A Guide for Healthcare Organizations*,[1] serves as the initiative's theory for how health care organizations can improve health equity. IHI continues to update and refine this theory based on learning in the initiative and the experience of the eight organizations; for example, we have updated some terminology in the original framework to reflect additional learning and clarity (see Figure 1).

Figure 1. IHI Framework for Health Care Organizations to Improve Health Equity



- **Make Health Equity a Strategic Priority**

  Organizational leaders commit to improving health equity by including equity in the organization's strategy and goals. Equity is viewed as mission critical — that is, the mission, vision, and business cannot thrive without a focus on equity.

- **Build Infrastructure to Support Health Equity**

  Operationalizing a health equity strategy requires dedicated resources, including human resources and data resources, as well as an organizational infrastructure.

- **Address the Multiple Determinants of Health**

  Health care organizations must develop strategies to address the multiple determinants of health, including health care services, organizational policies, the organization's physical environment, the community's socioeconomic status, and encouraging healthy behaviors.

- **Eliminate Racism and Other Forms of Oppression**

  Health care organizations must look at their systems, practices, and policies to assess where inequities are produced and where equity can be proactively created.

- **Partner with the Community to Improve Health Equity**

  To support communities to reach their full health potential, health care organizations must work in partnership with community members and community-based organizations that are highly engaged with community members.

IHI developed a guide for each of the five components of the equity framework. There is not a sequential order to use the guides, but it is important to note that work in all five components is needed to improve health equity. Guides for the other four framework components are available on IHI's website.[2]

How to Use This Guide

This guide describes strategies and lessons learned from two health care organizations participating in the Pursuing Equity initiative that have tested changes in the framework's fifth component: Partner with the Community to Improve Health Equity. The case studies provide examples of ways in which health systems might use a collaborative approach to partner with others in the community to improve health equity.

The case studies include lessons learned, progress achieved to date, and key tactics to partner with the community. We encourage you to read a section with your team and discuss where your organization may have opportunities to integrate these approaches.

It is also important to establish explicit definitions of terms used in this guide.

- **Health equity:** IHI uses the United States Centers for Disease Control and Prevention definition for health equity: "Health equity is achieved when every person has the opportunity to attain their full health potential and no one is disadvantaged from achieving this potential because of social position or other socially determined circumstances."[3]
- **Health inequity:** Differences in health outcomes that are systematic, avoidable, and unjust.[3]
- **Institutional (or institutionalized) racism:** The differential access to the goods, services, and opportunities of a society by race.[4]

Getting Started

IHI developed an assessment tool to help organizations evaluate their current health equity efforts and determine where to focus their improvement efforts.[5] Teams use this assessment to provide direction for building an equity strategy and promote equity conversations within teams. We encourage you to use the assessment findings to inform your efforts to partner with the community to improve health equity.

Overview: Partnering with the Community to Improve Health Equity

To improve health equity, it is critical for health care organizations to intentionally develop partnerships with others in the community. We encourage health care organizations to invest their financial resources in community organizations that work to address the social determinants of health, and their time by working with existing community partners to advance equity.

Community-based organizations are already familiar with the needs of the community. Health care organizations can avoid re-inventing the wheel by leveraging community partnerships to expand into determinants that are beyond the direct reach of health care. One approach to strengthening these relationships is to build a multistakeholder coalition.

The two case studies describe the experiences of two health care organizations in developing processes and structures to launch multistakeholder coalitions to improve health equity, in addition to key tactics and lessons learned.

Case Study 1: Rush University Medical Center and West Side United

In January 2017, Rush University Medical Center, Cook County Health, and University of Illinois Hospital & Health Sciences System convened nearly 130 individuals from 50 community organizations in Chicago's West Side to discuss how they could come together to equitably improve the health and wellbeing of their community. While many of these institutions had previously launched strategies and implemented projects to address individual aspects of poor health in the population, a partnership of this scale was launched to more systematically identify and tackle key challenges to achieve more equitable outcomes. The outcome of this convening was a proposed collaborative and multistakeholder coalition.

During the set-up phase, the group held planning meetings over the course of a year, leveraged existing data from community health needs assessments, and obtained input from Chicago West Side community members about resources in their neighborhoods and feedback on the proposed collaborative idea. West Side United (WSU) became the agreed upon name for this collaborative group, which officially launched in early 2018.

West Side United is formally driven by six hospital partners — AMITA Health, Ann & Robert H. Lurie Children's Hospital of Chicago, Cook County Health, Rush University Medical Center, Sinai Health System, and the University of Illinois Health System — with support from additional community partners and stakeholders. Its mission is "to build community health and economic wellness on Chicago's West Side and build healthy, vibrant neighborhoods" and its vision is "to improve neighborhood health by addressing inequality in health care, education, economic vitality, and the physical environment using a cross-sector, place-based strategy."[6] Strategically, WSU aims to close the life expectancy gap by 50 percent in ten Chicago West Side neighborhoods by 2030.

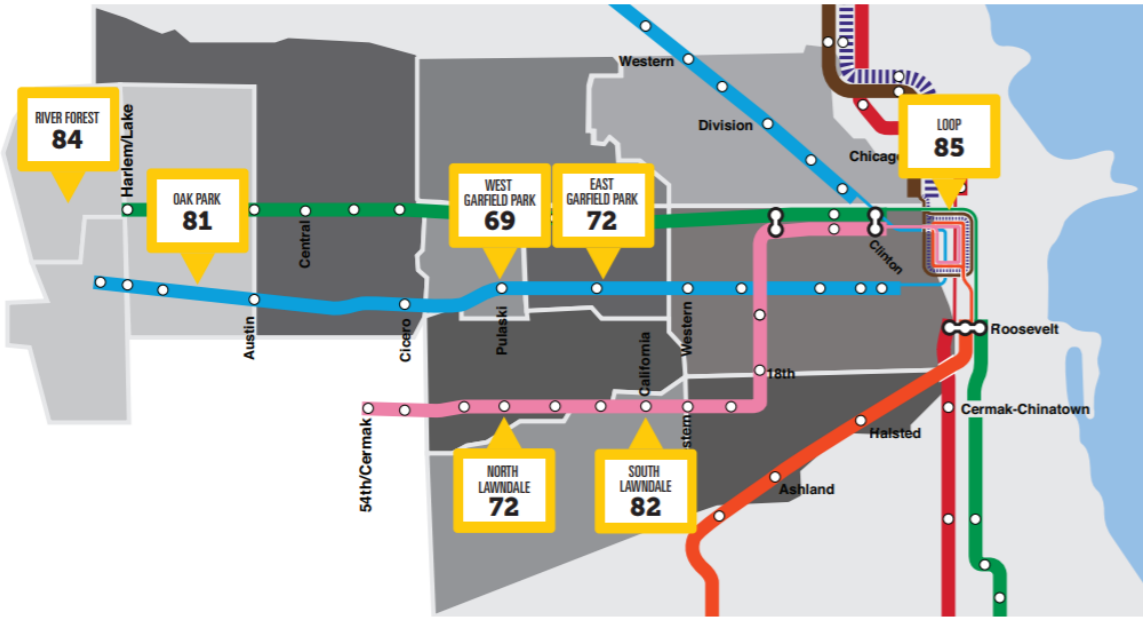
This case study is based on observations, documentation, and interviews IHI conducted with representatives of West Side United and Rush University Medical Center, a participant in the two-year IHI Pursuing Equity initiative from 2017 to 2019.

Historical Context

Chicago is a city of approximately 2.7 million people in Northwestern Illinois, the third most populous city in the United States. Its residents are 49 percent white, 30.5 percent black, and 29 percent Latino. In the West Side of Chicago, communities with more than 500,000 people, there is a wealth of health care institutions and resources (see Figure 2). Yet, a 2016 study conducted by Virginia Commonwealth University[7] shows that while the residents in the downtown Loop area have a life expectancy of 85 years, those living in West Garfield Park in Chicago's West Side, a 15-minute train ride away, have a life expectancy of 69 years (see Figure 3). Furthermore, downtown Loop residents are 62.5 percent white and West Garfield Park residents are 93 percent black.[8] This gap in life expectancy rates for whites compared to people of color, which has been referred to as "the death gap,"[9] clearly proves the existence of health inequities.

Figure 2. Health Care Institutions in West Side Chicago

Figure 3. Life Expectancy (in Years) at Birth in Chicago by Neighborhood



When analyzed through a historical lens, the death gap among Chicago residents is not surprising. Much like other major US cities, Chicago has a history deeply entrenched in racial and socioeconomic separation. While the black population of Chicago grew throughout the 1900s during The Great Migration and industrialization, they were forced to reside in the "Black Belt" due to "restrictive covenants," which prohibited realty owners from renting or selling to black people.[10] Landlords neglected to properly maintain residential buildings in these areas, which created unsafe living conditions. Even after restrictive covenants were banned by the US Supreme Court in 1948, banking practices such as "redlining," which denied mortgage loans to black residents in certain neighborhoods, upheld structural racism across Chicago.

In February 2018, West Side United organized itself as a racial health equity collaborative, with more than 100 organizations and 250 individuals representing community-based and citywide organizations. WSU coalesced around a shared understanding that life expectancy gaps between Chicago neighborhoods are caused by larger and more complex historical issues that go far beyond the quality of health care delivery services. Structural racism and economic and educational deprivation are all key causes that must be considered to properly address these inequities. While health care systems are equipped to address patients' medical and social needs, it is necessary to move upstream to address the living conditions that create poor health — often referred to as the social determinants of health.

At the core of WSU is an understanding that historical injustices such as structural racism, poor schools, and lack of economic opportunity contribute to community health. Because these health disparities are unjust, WSU collaborators recognized the urgency to partner to improve equity.

Progress to Date

Described below are the major advances West Side United has achieved to date, from idea to execution, including some initial programs and investments.

Identify Key Stakeholders and an Effective Engagement Approach

In its nascent phase, West Side United's collaborators pledged to use three guidelines for each decision to ensure maximum success of the coalition's aim.

1) Ensure that the diverse community stakeholders are engaged at the start.

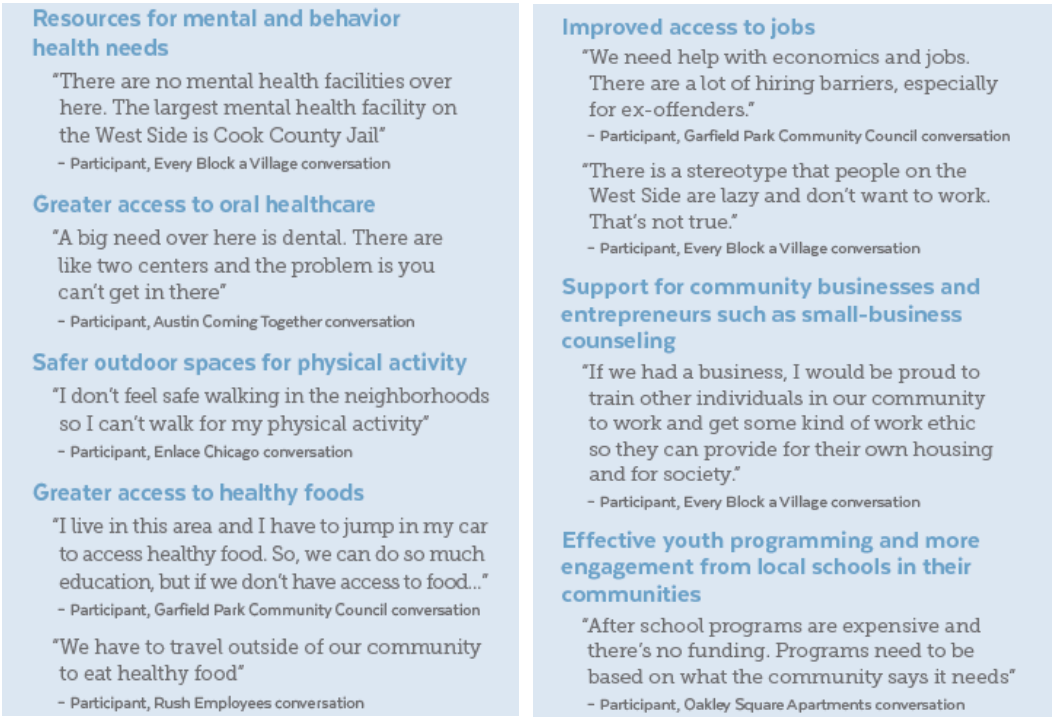
At the initial WSU meeting in January 2017, nearly 130 individuals represented West Side Chicago residents, educational institutions, health care systems, community health networks, community- and faith-based organizations, city service and public sector agencies, foundations, and subject matter experts. The hospital partners relied on existing community partners to share the meeting invitation with their networks.

2) Engage residents as experts who can best understand and define challenges and potential solutions. Connect residents with anchor organizations and civic leaders with influence to make sustainable change.

WSU recognized there were likely many critical voices still missing from the conversation at the initial meeting in January 2017. WSU thus launched "listening tours" across the West Side to connect residents with anchor institutions, like Rush University Medical Center, that are rooted in the West Side. The goal of the listening tours was for institutions to hear real-world insights from West Side residents, learn about what is important to residents, and assess residents' interest in partnering together in WSU.

Between March and May 2017, 21 listening tour sessions on various topics (see Figure 4) were held across eight neighborhoods, engaging 480 residents in total via open invitations. Community members were asked to share what they loved about their neighborhoods, what gaps existed, and how residents and hospitals could work together to build healthy communities.

Figure 4. Listening Tours Example Topics



3) Use a comprehensive approach that starts with the social determinants of health to encompass all factors that define quality of life.

As defined by the World Health Organization, social determinants of health (SDOH) are "the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." In the initial January 2017 convening and the subsequent listening tours, WSU solidified four SDOH priority areas: health and health care, neighborhood and physical environment, economic vitality, and education. The four SDOH priority areas are used to determine WSU programmatic initiatives.

The structure of the initial meeting, listening tour results, and priority areas are described in more detail in the 2017 "What We Heard" report.[11]

Establish an Effective Governance Structure

WSU recommends the following strategies when creating a governance structure for a multistakeholder coalition. First, in addition to engaging community members in the design of the coalition (as described above), it is critical to have the perspective of residents living and working in this space front and center throughout planning and implementation processes. Their perspectives shed light on challenges and roadblocks that would otherwise remain unforeseen.

Second, at least 50 percent of the decision-making power should be in the hands of the community members and community representatives should be paid for their governance. If the coalition strives for true engagement and success, this work should not be seen or treated as "extra" or volunteerism. Third, WSU also recommends including citywide and local organizations, ex-officio representatives such as the local health department, city colleges, and Federally Qualified Health Centers (FQHCs) in the governance structure to bring their perspectives to the strategy.

In December 2018, WSU established its governance structure and is currently organized by active committees, as outlined below. The WSU governance structure developed over several months and involved invitations for community leaders to apply, interviews of applicants, and onboarding for selected community leaders. In addition to the committees noted below, there are West Side United staff who support day-to-day operations, manage the workgroups, and continue community engagement efforts.

WSU Planning Committee (Temporary: August–December 2017)

- 16 members: 8 residents in the West Side community, 4 institutional representatives, 2 government representatives, 2 citywide nonprofit leaders
- Over a five-month period in 2017, the planning committee identified and recommended 10 programmatic initiatives aligned with the four SDOH priority areas (health and health care, neighborhood and physical environment, economic vitality, and education)

Executive Leadership Council

- 6 health care executives from six West Side health care institutions
- 6 community representatives from the Community Advisory Council (estimated Fall 2019)
- Defines WSU's long-term vision and goals
- Secures resourcing and determines funding allocations

Operations Committee

- Program staff from six West Side health care institutions
- Provides operational support, planning, and coordination for WSU's work in their respective organizations (e.g., communications, community engagement, meeting coordination)
- Adding community members from the Community Advisory Committee (estimated Fall 2019)

West Side Anchor Committee

- Representatives from eight West Side health care institutions that collectively employ more than 43,000 individuals
- Works specifically on anchor institution initiatives, including local workforce, local purchasing, local impact investment, capital projects, volunteering, and other work groups
- 10 priority initiatives identified by the planning committee have smaller work groups that help implement the work (e.g., work groups on healthy food, education, small business accelerator, health care)

Metrics Committee

- Co-chaired by epidemiologists from two WSU hospitals and includes evaluators and epidemiologists from the other institutions and the Epidemiology Department of the Chicago Department of Health
- Developed a series of metrics to monitor progress of both the WSU coalition itself and at the community level

Community Advisory Council (estimated Fall 2019)

- 18 members that live and/or work in the 10 West Side neighborhoods, consisting of the following groups: faith leaders, small business owners, residents, youth, educators, community-based organizations
- Will serve on one of the committees mentioned above or a priority work group to provide strategic guidance and guarantee that a community perspective is represented at all levels of WSU governance

Recognize Early Wins to Improve Health and Wellbeing

When building a multistakeholder coalition, it is important to celebrate early wins and recognize efforts to improve the health and wellbeing of the community. Within the first year, WSU celebrated the three wins described below.

1) Create a supportive career pathway for the health care workforce.

In 2018, four health care systems working together in the Chicagoland Healthcare Workforce Collaborative[12] partnered with WSU to launch the Medical Assistant Pathway Program (MAPP), a career program for entry-level employees to better support their professional development, increase retention, and populate the medical assistant role in high demand in Chicago. MAPP was enhanced with a grant from the JPMorgan Chase *Advancing*Cities program to increase the number of career pathways and to train up to 375 individuals by 2021. MAPP includes:[13]

- Selection of employees who want to pursue the medical assistant career at no cost while maintaining their salaried jobs;
- Candidates join an 18-month certification program at Malcom X College, a community partner of WSU; and
- Transportation subsidies and program and career navigation support provided by One Million Degrees, another WSU partner and local nonprofit organization.

2) Expand access to local mental health services.

In Fall 2018, WSU granted funds ranging from $25,000 to $60,000 to local institutions to increase access to mental health services on the West Side, one of the top priorities identified by residents. Grants were given to the following organizations:[14]

- Esperanza Health Centers, to offer mental health counseling and primary care referrals to local elementary school children;
- Access Community Health Network, to expand a behavioral health program that connects patients to housing and employment resources; and
- CommunityHealth, to expand psychiatry and crisis management services.

WSU also awarded $125,000 to Enlace Chicago[15] to support the training and deployment of community health workers to serve 1,500 individuals and families in West Side Chicago.

3) Invest locally to support economic growth in the community.

In Fall 2018, the hospital partners of WSU partnered with Accion and Northern Trust banking services to launch a Small Business Accelerator program, which awarded local businesses grants ranging from $1,000 to $15,000 and provided business coaching services. Hospital members also

partnered with local lender organizations to provide $1.7 million in low-interest loans to affordable housing programs and youth services in West Side communities.[16] There are plans to grow these direct grants and loans substantially in the next three years.

Key Tactics and Lessons Learned

1) Create authentic community involvement by establishing clear roles and continuous engagement.

A common downfall of involving the community perspective is tokenizing one or a few individuals to speak on behalf of the entire community. Tokenizing is when a perfunctory effort is made to be inclusive to members of underrepresented groups to give the appearance of racial or gender equality. While WSU found it imperative to give community representatives decision power, those representatives also found it just as important to explicitly outline their role as a liaison connected to other community members. Community-based partnership models also need to strive to have continuous public outreach, feedback, and conversations with the larger community whenever possible. WSU has done this by launching a second listening tour in Fall 2018 and annual "report back to the community" events to engage with community members.

2) Get competing parties to work together.

Many community-based partnerships are often stunted at the start by their inability to move beyond the competitive nature that exists in health care, local politics, and other sectors. Demonstrate extreme humility and have many conversations in different formats up front (one-on-ones, round table, open forums, etc.) to find the common ground and shared objectives across these groups. Make time for reflection and refocus to ensure that all stakeholders feel that what adds value for them has been addressed and that the partnership continues to contribute to their benefit.

3) Name root causes of health inequities, including structural racism, and commit to long-term interventions.

The root causes for poor health are deeply embedded in the history of Chicago neighborhood development, including segregation and capital and human disinvestment. WSU made addressing these root causes of poor health central to its work, explicitly naming the causes that resonate with the community, which helped build trust within the community. This analysis informed the long-term WSU goal to reduce the "death gap" between the Loop and the West Side neighborhoods by 50 percent by 2030. Recognizing that these conditions did not occur overnight, WSU members understand that there cannot be shortcuts or short-term thinking to solve the longstanding historical inequities. Rush University Medical Center described the effects of racism on Chicago residents' health in a 2016 community health needs assessment.[17]

4) Establish evaluation and metrics for community partnerships to improve health equity.

To track the progress of community-based partnerships or coalitions, a reliable system for measurement must be established. Since December 2018, WSU has been developing a comprehensive metrics framework to evaluate WSU's progress toward reducing the life expectancy gap and improving health in West Side neighborhoods. The metrics framework includes targeted outcomes for the four SDOH priority areas: health and health care, neighborhood and physical environment, economic vitality, and education. For example, in the education priority area WSU is tracking adult educational attainment, high school graduation, disconnected youth, eighth grade math proficiency rate, third grade reading proficiency rate, and kindergarten readiness.

Case Study 2: Main Line Health and Together for West Philadelphia

In October 2018, Main Line Health and 25 other health systems, academic institutions, and community organizations officially launched Together for West Philadelphia (TfWP), a collaborative nonprofit organization aiming to dissipate inequities in access to health care, education, food access, and opportunity.

TfWP's mission is to facilitate collaboration within West Philadelphia among community, public, and private sector stakeholders to foster shared projects that maximize impact in six areas: education, employment, food justice, health equity, housing, and senior wellbeing. The power of TfWP is in the collaboration of its partner organizations. In order to break down silos and work better together, TfWP's partners share their time, ideas, and resources as part of this cohesive organization dedicated to addressing the physical, mental, and social health needs of the residents living in the five ZIP codes of West Philadelphia.

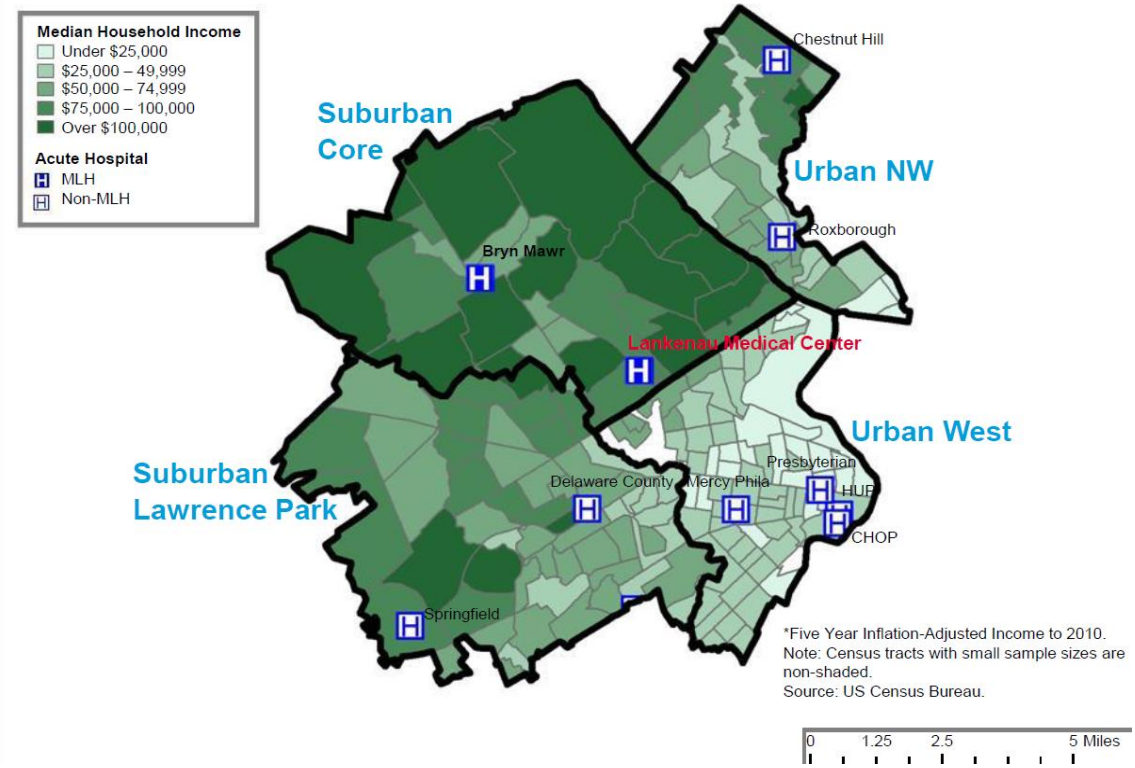
This case study is based on observations, documentation, and interviews IHI conducted with Together for West Philadelphia and Main Line Health, a participant in the two-year IHI Pursuing Equity initiative from 2017 to 2019.

Historical Context

Main Line Health is a not-for-profit, comprehensive health system serving portions of Philadelphia and its western suburbs. One of its hospitals, Lankenau Medical Center, is located on the border of two counties, one of the state's wealthiest and one of the poorest. Montgomery County is consistently ranked among the top five Pennsylvania counties in the Robert Wood Johnson Foundation's Annual County Health Rankings.[18] Philadelphia County is consistently ranked toward the bottom and is currently ranked last at 67th. The rankings include the following factors: access to and quality of clinical care, socioeconomic status, health behaviors, and physical environment.

In Philadelphia County, many West Philadelphia residents lack access to basic resources such as food, housing, and transportation to live a healthy life. Main Line Health serves this community where a number of chronic diseases are not only more prevalent, but their presentations are notably more severe because poverty and lack of access to key social determinants of health, like healthy food, exacerbate the difficulties of achieving and maintaining positive health outcomes. Figure 5 shows a direct connection between income and health in these areas. Main Line Health has previously described the juxtaposition as a place where "your zip code is more powerful than your genetic code."

Figure 5. US Census Data on Geography and Income: Philadelphia and Western Suburbs



Progress to Date

Described below are the major advances achieved in the planning and implementation process of Together for West Philadelphia.

Obtain Buy-In and Create a Common Purpose

Before establishing Together for West Philadelphia, the founding members drafted a customized plan to obtain buy-in from key stakeholders, including health system executives, academic groups, elected officials, patient care groups, community collaboratives, institutions, and schools. Tactics to garner support and foster collaboration included the following:

- Leverage existing institutional partnerships;
- Leverage the accomplishments of public education system;
- Navigate internal systems to identify governing bodies of existing collaborations and overcome competitive atmospheres;
- Identify and acknowledge community organizers already in this space to avoid reinventing the wheel; and
- Identify areas of overlapping patient care to benefit residents.

Founding members then came together in January 2018 to develop an organization name and charter, which outlines key objectives, a common purpose, and core values.[19]

Map Strategic Assets

In its first year, TfWP engaged Congressman Dwight Evans of Pennsylvania's 3rd Congressional District in the US House of Representatives to create an infrastructure with a spirit of diversity and inclusion that represents the residents living in the five West Philadelphia ZIP codes that TfWP serves. TfWP leveraged existing resources from community partners (e.g., community health needs assessments, public datasets, community interviews) to construct asset maps to truly understand the needs and assets of its service area and prioritize work.

As part of this process, members of TfWP coordinated a "Zip Trip" to take a bus tour of ZIP code 19104, visiting the West Philadelphia Senior Center, Philadelphia College of Osteopathic Medicine's Lancaster Avenue Division Health Center, Drexel's Dornsife Center, the Clark Park Farmers' Market, the University of the Sciences, People's Emergency Center, and Penn Presbyterian Trauma Center. By the end of the bus tour, TfWP members could better appreciate the assets that exist in 19104, continue to refine and hone the asset map, and identify where additional collaboration might occur.

Identify Early Investments

In January 2019, TfWP was awarded five $1,000 grants from the Philadelphia Foundation's On the Table Philly initiative[20] to support five projects in the West Philadelphia community.

- TfWP with Penn Medicine: Develop a best practices workshop to expand the Medical Student Advocate Program (which integrates medical students to help assess patients' social determinants of health and connect them with community resources to address their needs) and community health worker model across Philadelphia.
- TfWP with African Episcopal Church of St. Thomas: Expand Lankenau Medical Center's existing community health education program into faith communities in West Philadelphia to increase healthy living.
- TfWP with Center City Toyota: Create a high school automotive curriculum to serve West Philadelphia students.
- TfWP with Victory Christian Center: Learn from field experts to increase the awareness of adverse childhood experiences (ACEs) and trauma affecting the community.
- TfWP with Philadelphia College of Osteopathic Medicine (PCOM) Student-Run Clinic: The student-run clinic aims to unite PCOM and Philadelphia communities by providing quality preventative and primary care to those who are underinsured.

Key Tactics and Lessons Learned

1) A diverse group of community partners is imperative.

Since health inequities do not have a single cause, health care organizations alone cannot remediate these inequities. It is important to engage partners from multiple fields and sectors that have substantial expertise in understanding the needs of the community experiencing health inequities. In addition to including a diverse group of community partners in the coalition, ensure that all partners have an equal opportunity to share issues, identify solutions, and make decisions.

2) Ensure the community's involvement in the partnership.

A key element of an effective community partnership is the authentic engagement of community members. It is important to evaluate and assess the partnership regularly to ensure that new community members and organizations are not excluded from joining and contributing to the partnership. It may be necessary to adjust meeting times and locations to facilitate the involvement of new members.

Lessons from the Case Study Examples

1) Establish meaningful priorities for the work and develop leadership and governance structures to create accountability.

As evidenced in both case studies, it is critical to establish a unifying vision and goals for the community coalition early on to determine priorities and projects. The leadership and governance structure needs to facilitate advancement of the coalition's goals and build a culture of trust and respect by having equal decision-making power between community and organizational partners.

2) Evaluate community partnership initiatives with both traditional and non-traditional methods.

It's difficult to measure the value of relationship building and many community partnerships working to improve health equity have become quickly frustrated with the slow pace of results in areas such as life expectancy rates. While setting audacious goals is encouraged, it's key to also become comfortable with the discomfort present in this multisector arena. In addition to measuring statistics like number of partnerships established or total amount of grant funding, coalitions can also look to develop surveys that measure behaviors or resiliency in the community. Borrowing from existing measurement frameworks, such as the United Nation's Indicators for the Sustainable Development Goals,[21] is a great way to get started with evaluation efforts.

Conclusion

Building a multistakeholder coalition is just one way health systems can develop partnerships with the community to improve health equity. Whether you are designing and implementing a multistakeholder coalition or exploring other ways to partner with community members and organizations, think about how to leverage the diverse resources and expertise of the community to have a comprehensive impact on improving health equity. Additional strategies and examples of how health care systems can partner with communities to improve equity are described in *Learning from the Pursuing Equity Initiative: Health System Team Summary Reports*.[22]

References

[1] Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. *Achieving Health Equity: A Guide for Health Care Organizations*. IHI White Paper. Cambridge, MA: Institute for Healthcare Improvement; 2016. http://www.ihi.org/resources/Pages/IHIWhitePapers/Achieving-Health-Equity.aspx

[2] *Improving Health Equity: Guidance for Health Care Organizations*. Boston: Institute for Healthcare Improvement; 2019. http://www.ihi.org/resources/Pages/Publications/Improving-Health-Equity-Guidance-for-Health-Care-Organizations.aspx

[3] *NCHHSTP Social Determinants of Health: Definitions*. Centers for Disease Control and Prevention. https://www.cdc.gov/nchhstp/socialdeterminants/definitions.html

[4] Jones CP. Levels of racism: A theoretic framework and a gardener's tale. *American Journal of Public Health*. 2000 Aug;90(8):1212-1215. https://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.90.8.1212

[5] *Improving Health Equity: Assessment Tool for Health Care Organizations*. Boston: Institute for Healthcare Improvement; 2019. http://www.ihi.org/resources/Pages/Publications/Improving-Health-Equity-Guidance-for-Health-Care-Organizations.aspx

[6] West Side United. https://westsideunited.org/about-us/mission/

[7] *Mapping Life Expectancy*. Virginia Commonwealth University Center on Society and Health. https://societyhealth.vcu.edu/work/the-projects/mapping-life-expectancy.html

[8] *Race and Ethnicity in Chicago, Illinois*. Statistical Atlas. https://statisticalatlas.com/place/Illinois/Chicago/Race-and-Ethnicity

[9] Ansell DA. *The Death Gap: How Inequality Kills*. Chicago: The University of Chicago Press; 2017. https://www.press.uchicago.edu/ucp/books/book/chicago/D/bo25081418.html

[10] *Housing and Race in Chicago*. Chicago Public Library. https://www.chipublib.org/housing/

[11] *What We Heard: Coming Together to Improve Health and Wellness on the West Side*. Chicago: Rush University Medical Center, University of Illinois Hospital & Health Sciences System, Cook County Health and Hospitals System, and Presence Health; July 2017. https://www.rush.edu/sites/default/files/what-we-heard-july-2017.pdf

[12] *Chicagoland Healthcare Workforce Collaborative*. Chicagoland Workforce Funder Alliance. https://chicagoworkforcefunders.org/chicagoland-healthcare-workforce-collaborative/

[13] *New Training Program Advances Entry-Level Employees into High-Demand Clinical Positions*. The University of Chicago Medicine. December 11, 2018. https://www.uchicagomedicine.org/forefront/news/2018/december/medical-assistant-training-program

[14] *Increasing Mental Health Services on Chicago's West Side*. West Side United. February 21, 2019. https://westsideunited.org/2019/02/21/increasing-mental-health-services-on-chicagos-west-side/

[15] Enlace Chicago. https://www.enlacechicago.org/

[16] *West Side United Hospitals Make Financial Investments to Improve Health*. West Side United. March 11, 2019. https://westsideunited.org/2019/03/11/west-side-united-hospitals-make-financial-investments-to-improve-health/

[17] *Rush Community Health Needs Assessment Report*. Chicago: Rush University Medical Center; June 2016. https://www.rush.edu/sites/default/files/rush-chna-2016.pdf

[18] County Health Rankings: Pennsylvania. https://www.countyhealthrankings.org/app/pennsylvania/2019/rankings/outcomes/overall

[19] Together for West Philadelphia. http://www.togetherforwestphiladelphia.org/

[20] *The Philadelphia Foundation Announces 43 Projects to Be Funded Through $1,000 On the Table Philly "Activate" Mini-Grants*. The Philadelphia Foundation. January 14, 2019. https://onthetablephl.org/the-philadelphia-foundation-announces-43-projects-to-be-funded-through-1000-on-the-table-philly-activate-mini-grants/

[21] Leadership Council of the Sustainable Development Solutions Network. *Indicators and a Monitoring Framework for the Sustainable Development Goals*. United Nations Sustainable Development Solutions Network; June 2015. https://sustainabledevelopment.un.org/content/documents/2013150612-FINAL-SDSN-Indicator-Report1.pdf

[22] *Learning from the Pursuing Equity Initiative: Health System Team Summary Reports*. Boston: Institute for Healthcare Improvement; 2019. http://www.ihi.org/resources/Pages/Publications/Improving-Health-Equity-Guidance-for-Health-Care-Organizations.aspx