Institute *for* Healthcare Improvement

A Framework for Improving Health Equity

Healthcare organizations have tremendous potential to address disparities.

Improving population health does not always mean everyone in the population stands an equal chance of being impacted. In a 2003 article in the *American Journal of Public Health*, David Kindig, MD, PhD, and Greg Stoddart, PhD, defined population health as "the health outcomes of a group of individuals, including the distribution of such outcomes within the group."

The distribution of outcomes is key. Although data may suggest outcomes for the population as a whole have improved, when demographic characteristics—such as race/ethnicity, socioeconomic status or gender—are factored in, the results may show that for some members of the population, their health remains unchanged or perhaps has even worsened.

That's why there's a danger in taking a one-size-fits-all approach to population health improvement. Infant mortality—a key health indicator—has generally declined in the United States, but racial disparities have endured and even increased in some states. Data from the National Center for Health Statistics show that in 2012, the infant mortality rate per 1,000 live births was six for the U.S. population as a whole, five for non-Hispanic white infants and 11.2 for non-Hispanic black infants. Reviewing the decline in infant mortality for the population as a whole obscures the fact that black infants die at more than twice the rate of their non-Hispanic white counterparts. Similar data show inequities in cardiovascular disease, deaths from certain cancers and incidences of other conditions.

The Centers for Disease Control and Prevention defines health equity as a state that is achieved when every person has the opportunity to "attain his or her full health potential." There is growing evidence that suggests disparities will be reduced and equity achieved only when interventions are tailored to the specific contexts and conditions that disadvantaged populations experience.

And, while communitywide efforts and coalitions are key to achieving health equity, healthcare organizations and systems have tremendous potential to directly influence numerous underlying societal inequities that contribute to health disparities and poor health. The health industry represents nearly 18 percent of the U.S. gross domestic product and employs approximately 9 percent of all employed individuals, making such organizations anchors in the community with an opportunity to have a real impact on the multiple determinants of health.

A Health Equity Framework for Healthcare Organizations

During the past year, as part of the Institute for Healthcare Improvement's 90-day innovation process, we developed a framework (published in the 2016 IHI white paper *Achieving Health Equity: A Guide for Health Care Organizations*) to guide healthcare organizations on ways they can directly impact health equity in their communities. A key concept in this framework is broadening the healthcare field's own sense of its mission and responsibility to reduce health inequities and disparities and appreciating that healthcare interventions are just one piece of the puzzle.

Below are key elements of the framework, which guides healthcare leaders in making health equity a system-level priority for their organizations. Such efforts involve a commitment to improve health equity at all levels of the organization and the allocation of the required resources to embed improvement efforts into the organization's strategy, priority setting and daily work.

Make health equity a strategic priority. Healthcare leaders must be explicit that improving health equity is an organizational priority, both to support resource allocation and as a signal that the organization is serious about reducing health disparities.

Establish a governance structure and processes around health equity and provide resources to support health equity initiatives. Leaders should establish a steering committee for health equity work, obtain technical expertise to help close the equity gaps related to various health outcomes and ensure an adequate level of resources are allocated to support this work.

Deploy specific strategies to address the multiple determinants of health on which healthcare organizations can have a direct impact. These determinants include socioeconomic status, physical environment, healthy behaviors and healthcare services:

Socioeconomic Status

- Recruit, retain and develop all clinical and nonclinical staff to help ensure meaningful contributions at all levels toward health equity.
- Encourage procurement practices from suppliers and contractors that employ a diverse workforce.
- Build facilities in underserved communities.
- Consider providing better economic opportunities—such as paying higher wages—for the healthcare organization's own employees, who often reside in the surrounding community.

Physical Environment

- Consider ways to change the physical environment of the health system and clinics to be environmentally friendly and welcoming to the community.
- Create and fund community spaces, parks and walking trails.
- Make healthcare investments that go beyond community benefit and are allocated back into the community.

Healthy Behaviors

- Create and sponsor health ambassadors who are community members trained as outreach workers to promote healthy behaviors.
- Launch neighborhood campaigns—such as promoting physical activity and healthy eating—to engage the community in their own health.
- Develop community partnerships for healthy activities.

Health Equity Self-Assessment

As your organization begins working to improve health equity, this brief self-assessment may help guide your efforts:

- Is health equity a strategic priority for the organization? Why or why not? What would it take to make this a strategic priority for my organization?
- Does my organization have the internal governance structure to make progress on this work?
- What data do we have on race/ethnicity and primary spoken language, and what is the quality of that data? Have we developed a standard process for collecting this data? Do we use these data to identify disparities?
- Are we using disparity data to drive quality improvement work? Do quality improvement efforts focus first on how better to meet the needs of disadvantaged populations? Do we consider the resources available to underserved populations in the design of quality improvement initiatives (e.g., will patients be able to afford medications; are there language and/or transportation barriers to care that need to be considered)?
- Do we have a primary care system that is committed to closing disparity gaps? What health disparity gaps are we trying to close with better primary care?
- Do we provide training for staff to help them identify equity and disparity gaps in the organization in order to decrease structural racism (defined by the Aspen Institute as "a system in which public policies, institutional practices, cultural representations and other norms work in various, often reinforcing ways, to perpetuate racial group inequity")?

Healthcare Services

- Collect race/ethnicity and primary spoken language data during each patient encounter. Dedicate resources to analyze variation, and identify and decrease disparities in health outcomes.

- Consider the multiple determinants of health when designing quality improvement work. In the design of quality improvement projects—not just those projects specifically aimed at improving health equity—consider how the improvement might benefit underserved populations. For example, can patients afford the recommended treatment? Do they have access to necessary services such as transportation to appointments? The resources needed to achieve equitable health outcomes will not be the same for all populations, and the organization must make provisions for adequate resources to support the needs of different populations.

- Provide accessible primary care that is focused on meeting the needs of the underserved.

- Train all staff on structural racism to raise consciousness and ensure workforce diversity is taken into consideration when hiring staff.

- Partner with community organizations to improve health and equity. Each community likely has many ongoing efforts, led by different community-based organizations, to improve the multiple determinants of health. Healthcare oraganizations need to partner and collaborate with other community organizations to tackle these tough challenges and use each other's expertise to make a real impact.

- Leverage required community health needs assessments and community benefit spending to support equity work. As described in a previous *Healthcare Executive* article (September/October 2015), healthcare organizations can use assessments to engage community stakeholders in identifying and prioritizing health needs and to understand gaps in equity for the communities they serve.

The time is right for healthcare delivery organizations to focus on improving health equity. New financial models can support work like this to improve population health, and a growing number of organizations now have data systems that can provide race, ethnicity and language data to identify gaps in care.

This topic is rising in importance for organizations working to improve population health as they find they must address health equity to see meaningful improvements in each aspect of the Triple Aim. ▲

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